Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND \_\_\_\_ CERTIFICATE OF DEATH Film G. USUAL RESIDENCE (Where decaased lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Cecil MARYLAND Maryland Harford b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give negrest town? Perry Point Less than 24hrs. Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. REET ADDRESS . IS RESIDENCE ON A FARM? retained he State E YES NO Veterans Administration Hospital 666 Green 3. NAME OF 4. DATE Month DECEASED OF the (Typa or print) RAY DEATH ALESHTRE 19 January 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years HF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED Y Jast birthday) Months [ Days 6-27-12 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Mechanic Auto Upholstery Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eugene Aleshire Lula Southard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.! 17. INFORMANT Address (Yes\_no, or unkown) (If yes give wer or detas of service) hould be executed with in pencil in Item 18 office along with is buriel-transit permit Hospital Records, VAH, Perry Point, Md. 719-16-3101 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),) INTERVAL BETWEEN onset and DEATH 1. Pulmonary edema and congestion, bilateral, severe DUF TO (b) 2. Cirrhosis of the liver. s cortificate sh.

"pending" in

"uiner's Of Unknown Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY PERFORMED? YES T NO should 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 s 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While et work at work 08 21. I certify that I took charge of the remains described above, held an Autopsy | 🕱 Inspection X. Inquiry X and in my opinion 0 lease execute the certific should be forwarded to FUNERAL DIRECTO death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1-26-62 DEPUTY MEDICAL EXAMINER EXAMINER'S C. DODSON NAME (Typa) Address (Street, city, town, or county) Rising Sun. Md. 22e. BURIAL CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Arlington 040 p ENIOVAL Arlington, 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME Ravre de Grace. Md. arthur & Krose 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

The companies to the second se the state of the s THE RESIDENCE OF THE PARTY OF T may and the first of the first The state of the s - Parincil i gloraforii ede alkadeti. profession like the constant TOP ALL-CENTER OF THE PROPERTY and of the same of . As the sole of the Aller. through the beautiful a real and high bloom The second secon The way of the first of the same was the first of the same of the the supplied of the state of th

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY files, Cecil MARYLAND Md. Cecil b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) Elkton all life Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? ueld be executed within 24 hours after death. If any detain pencil in Item 18. Giver Pages 1, 2, and 3 to the funeral YES NO refained State 226 W. 226 W. High 3. NAME OF First Middle DATE Month Day Yeer DECEASED OF the DEATH (Type or print) 19 62 Elizabeth Anna with AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH may and 2 w last birthday) Months Days Hours Min. WIDOWED DIVORCED YFS. 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Keeping House Maryland

14. MOTHER'S MAIDEN NAME pages within PM3. 13. FATHER Isadore Garrett Mary Hitchens FILE form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service permit. with Robert W. Andrew. 226 W. High St. Elkton. This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for le), (b), end (c), Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pue 5 min. IMMEDIATE CAUSE (e) Acute Coronary Occlusion DUE TO removal Conditions, if eny, which (b) geve rise to immediate cause "pending" E in DUE TO (e), stelling the underlying 95 Examiner ö cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe Word NO to Medical 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH Chief 3 ute the century forwarded to the Chief MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m please execute the certificate, w 4 should be forwarded to the ' 5 FUNERAL DIRECTOR: Pa or its designated egent, prior to et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Inspection Suicide Homicide Undetermined manner death resulted from: Accident Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Ad Raissing of Sun, or Meloty NAME (Type) R.C.Dodson M.D NAME OF CEMETERY OR CREMATORY (State) 220, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Specify) L JMMACULATE CONCEPTION CEMETER 240 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Ci. Sur S. Trans VS. AISME 5M 9/6D

AND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00485 2. USUAL RESIDENCE (Where daceasad lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY h. COUNTY Cecil MARYLAND Marvland Geeil b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) c. LENGTH OF STAY IN 15 write RURAL and give nearest town Port Deposit . Rural Port Deposit. Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 4. DATE 3. NAME OF Month Middla Lasi Day Year DECEASED (Type or print) Howard Graham DEATH Jan. 12 62 19 Barnes and cor 星 S. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 1 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Male NOV. 7. WIDOWED DIVORCED 1886 IDA. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) Farmer Gecil Co. Owner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Trelford Barnes Tsabella 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Port Deposit. 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, najonunkown) | (Ifyesgivawarordatesofservice) Md.TR.F.D. Florence Rawlings Barnes. 18. CAUSE OF DEATH [Enter only one cause pocline for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise lo immediata cause DUE TO (a), staling the underlying bur the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. Beath occured at.......M, from the causes and on the date stated above. saw the deceased alive on.. and that 22b. DATE 22a. SIGNAR SIGNED ATTENDING STAFF DIRECTOR PHYS PHYS. FUNERAL rector, page 3 22d. ADDRESS 22c. PHYSICIAN'S Benson, M.D. Clarence I. Port Deposit Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Port Deposit Md . Rural 1-15-1962 Hopewell Cemetery ひ音る 258. REC'D BY REGISTRAR'S SIGNATURE LINERAL DIRECTOR'S SIGNATAL ADDRESS. VR A15 (4) arthur & Krupe 15M 9/60

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	Union Hospital of Cecil Co	ounty	Bohemi	a Heights	3		YES NO
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	Type or print) Mildred Ta		Beattie	DEATH	Jan	23	19 62
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110	, no, or unkown) (it yes give war or datas or service)		mildred	1 130	1401	Recid	ids
	18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]	1 1	1 1	1		RVAL BÉTWE
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23e	APACONAL (Eaffer)						(State
C	remation 1/24/62 S		Cemtery C	o. Wilm	ington	, Del.	1
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	'D BY REGISTRAF			
		ton. Md.	DATE	N 3 1 '62	( Salle	in S. Thair	
	3. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. PLACE OF DEATH  c. COUNTY  Cecil  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Elkton  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, grant and give nearest town)  Linion Hospital of Cecil Company  Jone Union Hospital of Cecil Company  Jone Usual Occupation (Give kind of work with the Widowed of Mone during most of working, life, even (I ratifad)  13. FATHER'S NAME  14. Cause Of DEATH [Enter only one cause per line for part I. Death was caused by immediate cause (a), stating the underfying cause last.  20. The Conditions, if any, which gave rise to immediate cause (a), stating the underfying cause last.  20. Accident was underfying one cause last.  20. The Conditions of modern was underfying one cause last.  20. The Conditions of modern was underfying one cause last.  20. The Conditions of modern was underfying one cause last.  20. The Conditions of modern was underfying one cause last.  20. The Conditions of modern was underfying one cause last.  20. The Conditions of modern was underfying one cause last.  20. The Conditions of modern was underfying one cause per line for part in the cause last.  20. The Conditions of modern was underfying one cause per line for part in the cause last.  20. The Conditions of modern was underfying one cause per line for part in the cause of part in t	I. PLACE OF DEATH  c. COUNTY  Cecil  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)  Elkton  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  Union Hospital of Cecil County  3. NAME OF DECEASED [Type or print]  5. SEX  6. COLOR OR RACE 7, MARRIED PAYEVER MARRIED   8.  WIDOWED   DIVORCED   10b. KIND OF BUSINESS OR INDUSTRY  Solutions with a street of the s	PLACE OF DEATH   COUNTY   Cecil   MARYLAND   C. CITY OR TOWN   III   C. CITY OR TOWN   C. CITY OR TOWN   III   C. CITY OR TOWN   III   C. CITY OR TOWN   III   C. CITY OR TOWN   C. CITY OR TOWN   III   C. CITY OR TOWN   C. CITY OR	PLACE OF DEATH   COUNTY   Cecil   MARYLAND   Cecil   MARYLAND   Cecil   MARYLAND   Cecil   MARYLAND   Cecil   MARYLAND   C. CITY OR TOWN (if outside corporate limits, with NUAL end give meared lown)   C. LENGTH OF STAT IN 18   MARYLAND   C. CITY OR TOWN (if outside corporate limits, with NUAL end give meared lown)   C. CITY OR TOWN (if outside corporate limits, with NUAL end give meared lown)   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside corporate limits, with Number of County   C. CITY OR TOWN (if outside county   C. CITY OR Number of County   C. CITY OR Number o	PLACE OF DEATH	1. PLACE OF DEATH  COUNTY COCITY COCITY COUNTY COCITY COCI

TRUCK Commention : 1/25/62 will embrock Contact In Timberio. 303 DE details

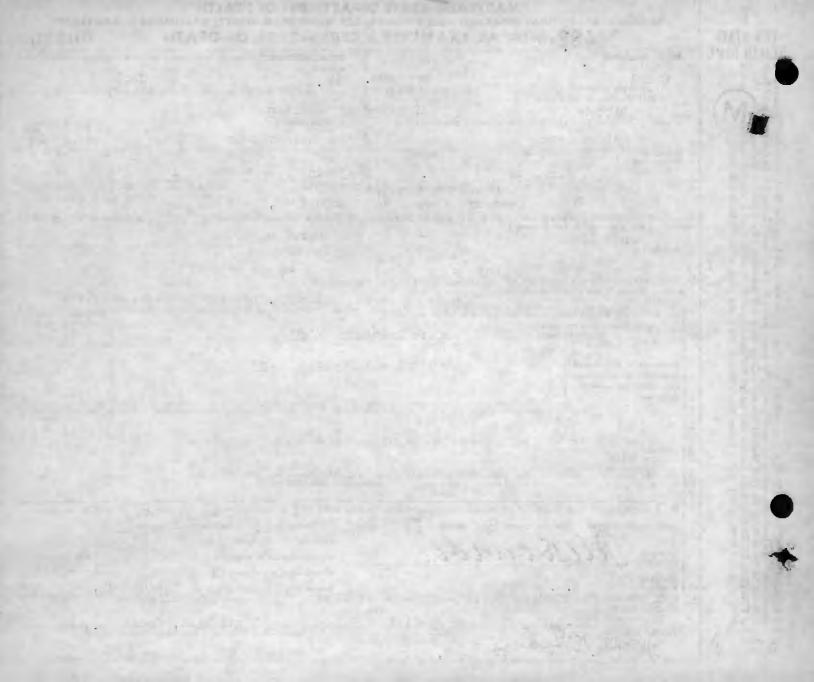
## FOR STATE HEALTHI DEPT.

TO DEPUTY IN DICAL AMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Form or its designated agent, prior to burial, cremation, or removal, and in any eyest within 72 hours after death.

VS. A15ME SM 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10488 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 111485

e. COUNTY		e. STATE	CE (Where decesses	b. COUNTY	Kesideni	te before edmission)
Cecil	marylaho]	Md.		Cec	il	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate I	mils, write RURAL e	nd give r	neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital give street address!	Elkton	II.		-	I . IS RESIDENCE
	The state of the s		t Lane			ON A FARM?
Walnut Lane	(2.1.11	11				YES NO K
DECEASED	Middle	Last	4. DATE OF	Month	Dey	Yeer
(Type or print) Elizabeth	W.	Benjamin	DEATH	1	4	1962
S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		(In yeers IF UNDER	-1-	IF UNDER 24 HRS.
Female   White   wide	OWED DIVORCED	August 13	, 1878 83	yrs. Months	Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	L. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12, CI	TIZEN O	WHAT COUNTRY?
lousewife		Marv1a	nd		USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		0041	
) Gustavus L	in an ar	Ann	ela Coldwe	11		
	16. SOCIAL SECURITY NO.   17.		era Carawa	Address	-	
(Yes, no, or unkown) (Ifyes give wer or detes of service)			Conthon	Elkton.	Mery	1 and
no		Mrs Edmund W	*CIO mers	EIKCOH,		
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cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO BEATH BUT N	OT DELLAYED TO THE TERM	NAL DISEASE COLIN	TION OF THE PARTY		
PAKI II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAT DISEASE COND.	HON GIVEN IN PAR		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT CONDITIONS OF THE	SCRIBE HOW INJURY OCCURED.	(Enter neture of Injury In Pe	rt I or Pert II of ilem I	8.)		
		A OF OF BUILDING BY				
Hour e.m.		ACE OF INJURY (Home, ferr ctory, street, office bldg., atc		/n) (Co	unly)	(Siete)
21. I certify that I took charge of the	remains described above, h	eld an Autopsy .	Inspection .	Inquiry x	and	in my opinion
death resulted from: Natural causes	X. Accident . Sul	cide , Homicide	Undeter	mined manner		
(i) 100 to	1	CHIEF MEDICAL	EXAMINER			
SIGNATURE MUNTON	non	M.D. ASSISTANT MED	ICAL EXAMINER		D.	ATE SIGNED
			L EXAMINER		1	-5-1962
EXAMINER'S R.C. Dodson		Address (Street.	city, lown, or county	Rising	Sun.	Mil
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION	umar Grand	-	(Stele)
Burial 1-7-1962	Methodist		North Ra	st. Cecil	Co.	Md
23. FUNERAL DIRECTOR	ADDRESS	240. REG	C'D BY REGISTRAR	24b. REGISTRAR'S	SIGNATU	IKE
Joseph A. Grant Nor	h East, Marylan	d DATER	N 8 '62	arthur S.	there	8



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institutions Residence before edmission) e. COUNTY b. COUNTY Cecil MARYLAND Md. Cecil b. CITY OR TOWN (if outs de corporate lim ts c CITY OR TOWN (If outside corporate I m ts write RURAL and g va nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town? Rural Chesapeake City Rural Chesapeake City X d NAME OF HOSPITAL OR INSTITUTION (if not 'n hosp ta , give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X NAME OF M dd.e 4. DATE DECEASED OF (Type or print) DEATH Margaret Blanchfield 19, January 19 62 16. COLOR OR RACE 7. MARRIED TO NEVER MARR ED 5. SEX 8 DATE OF BIRTH 9. AGE (In yours LIF UNDER LYEAR) F UNDER 24 HRS last bribdey) | Months | Days WIDOWED [ Female DIVORCED [ May 6, 1899 10a. USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHP. ACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired, Housewife Home Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Green Martha A. Allen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) Samuel T. Blanchfield, Chesapeake City, Md. No . 18. CAUSE OF DEATH [Enter only one cause per line for (at, (b), and (ct.) INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) CErchial homorrhace Hypertensive Cardiovascular disease gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(8), 19, WAS AUTOPSY PERFORMED? Lhaumatoid SGUCFE CERTIFIC 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of natury in Part I or Part I of item 18) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20s PLACE OF INJURY (Home, farm 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While al work at work 21. I certify that (I) (this hospital) attended the deceased from. 1960, to . 1 - 19 ..... 1962 that (1) (we) last 22a. SUGNATURE 22b. DATE SIGNED DIRECTOR death. Page O FUNERAL 22c. PHYSICIAN'S 22d ADDRESS NAME (Type 3 Sincerly Hue Elleton, ad 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, | 23b. DATE THEREOF (State) REMOVAL (Specify) Cecilton, Cecil Co: Jan. 22, 1962 Cecilton Cemetery Md. Burial 25e, REC'D BY REGISTRAR 25b, REGISTRAR S, SIGNATURE 24 FUNERAL DIRECTOR'S\_SIGNATURE VR A15 (4) DAJAN 2 3 '62 C. imy S. Thomas 15M 9/60



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D B 4 F F	22a	BURIAL, CREMATIC REMOVAL (Spacify)	1		220	. NAME OF CEMET	ERY OR	CREMATORY	22d.	LOCATIO	N (City town,	or country)		(Stata)
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VS. AISME	23	FUNERAL DIRECTO	y 15 1	1	4	ADDRESS	-	W/ 242	REC'D BY F	REGISTRA	R 24b, REG	STRAR'S SIGN	ATURE	
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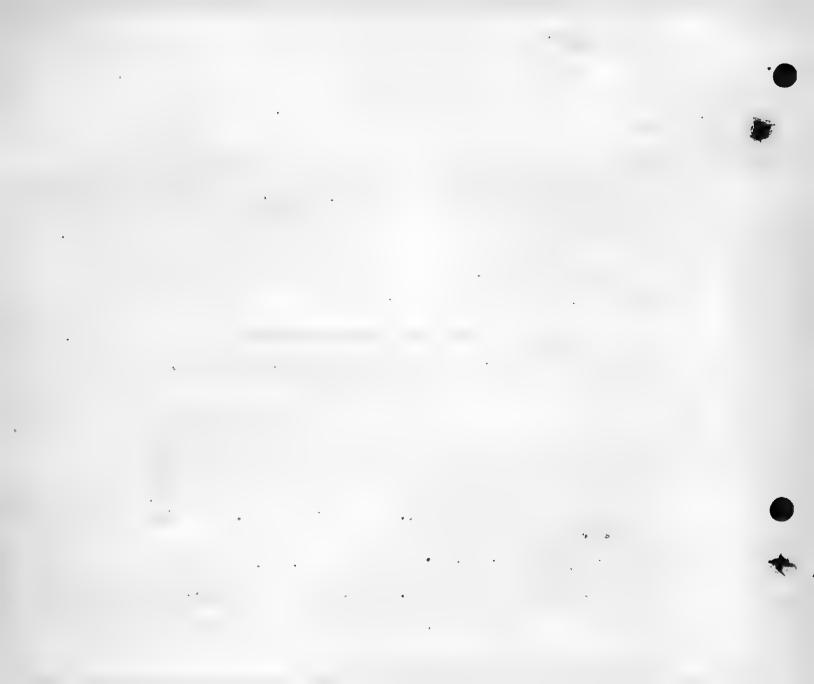
ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a, STATE **b.** COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown] Warwick Rural Rural Warwick d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, g va street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🙀 NO executed 3. NAME OF 4. DATE Year DECEASED OF (Type or print) Albert DEATH R. 1962 Bryant January 6. COLOR OR RACE, 7. MARRIED T NEVER MARRIED B. DATE OF BRITH AGE ( n years IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours Male May. 12. WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRT, IPLACE County & State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Farmer Own Farm Phila. Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas E. Bryant Hannah B. French 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Catherine O.Bryant. Warwick Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c,...) INTERVAL BETWEEN ONSET AND DEATH PARTIL DEATH WAS CAUSED BY: ARCINOWIA MF STOMACH IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? OF ABDOMINAL NO 20a. ACCIDENT WAS UNDERLYING | 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. While at work at work 21. I certify that (I) (this hospital) attended the deceased from APRIL 19 ....., that (I) (we) last 19.62 and that death occurred at 25.6M, from the causes and on the date stated above. saw the deceased alive on AAN 22a. SIGNATURE 22b. DATE ATTENDING. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF (State) REMOVAL (Specify) Md. Galena. Jan.13,1962 Galena Cemetery Kent Co: Burial 9.0 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE



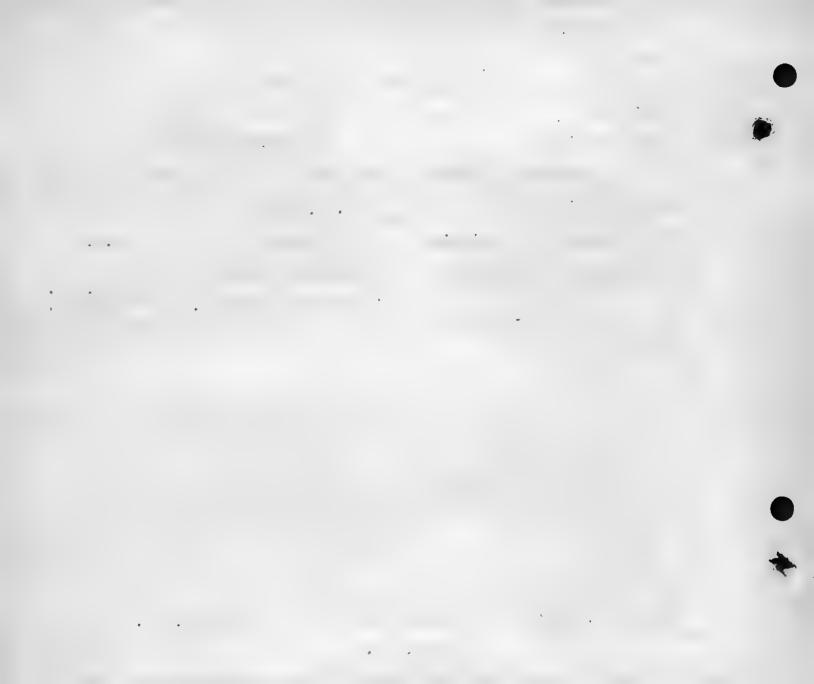
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	60492 CERTIFICATE OF DEATH	0048
1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased in a STATE of the	
	ceeil Maryland a STATE Maryland	Cecil
	b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits,	ts, writa RURAL and give nearest town)
	Port Deposit Life ?. Port Deposit	
V	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	a. IS RESID
_/	276 N. Main St. 276 N. Main St	YES NO
	3. NAME OF First Middle Last 4. DATE	Month Day Year
_	DECEASED (Type or print) Walter C. Camburn DEATH JE	n. 23 19 6
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (I	
1	Mole White	
_	108. JSUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY) 11. B RTHPLACE County & State or foreign	
	done during most of working life, avan if relired)  Day  Migray land	1
	13. FATHER'S NAME	USA_
	John Camburn Clara E.	White
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		osit,Md.
	18. CRUSE OF DEATH [Enlar only one cause per line for (a), (b), end (c) ]	INTERVAL BETWE
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronor Collection	2/2
	4 2 O DUE TO	5
	Conditions, if any, which (b) COTORON ACCORDED	34
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	(a), stating the underlying causa last. (c)	
	TO THE TOTAL AND THE PROPERTY OF THE TANK AND THE TERMINAL DISEASE COND. THE	ON GIVEN IN PART 1(a) 19. WAS AUT
£	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND IN  208 ACCIDENT WAS UNDERLYING TO SEE THE PROPERTY OF Part II of Part II of Idem  OR CONTRIBUTING AUSE OF DEATH  II. ETHER, NOTIFY MEDICAL EXAMINER)	YES NO
	208 ACCIDENT WAS UNDERLYING 206. DESCR.BE HOW INJURY OCCURED. Enter nature of injury in Part I or Part II of item	18.)
	OR CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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	20c. TIME OF INJURY Month, Day, Year 20s. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or low) factory, street, office bldg., etc.)  While Not While at work at work	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	p.m. 19 at work at work	
	21.   certify that (I) (this holpital) attended the deceased from (1) 19. , to	(A) 1990 that (I) (w
	saw the deceased alive on 12 1952, and that death occurred at	auses and on the date stated
	OO. SIGNATURE A A	226.
	Clarque Hyguson MD PHYS. MED. STA DIRECTOR DIRECTOR PHYS.	
	22c. PHYSICIAN'S 22d. ADDRESS	/
Ĭ,	NAME (Type) Clarence I. Benson, M D PortvDeposit, Md	
		City, town or county) (State
0	230. 030.	a. Md. Rural
1	2 RINERAL DIRECTOR'S SIGNATURE A ADDRESS 258. REC'D BY REGISTRAR 2	
An.	1 2 TOTAL DIRECTOR	- 44
4 3 (	Vel a. Pattersoul & Son, Perryville, Md. DAIJAN 26'62	Cithur S. Thous



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 001490 CERTIFICATE OF DEATH 00493 Reg. Dist. No. funeral director, ald be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND Ceci Maryland Ceci b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) executed within 24 hours after deal RURAL and give nearest town) ping Lifetime Elkton Elkton d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 215 West High YES NO T 2 3. NAME OF First 4. DATE Middle Last Manth Day Year filled DEATH (Type or print) 19 62 Castle Clara IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours WIDOWED T DIVORCED [] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland pup House Work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician requires that the death certificate Mary Lum Sime ons. Samuel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mrs Linda Jenkins 6-03attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᆲ PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Congestive heart failure menth DUE TO Arteriosclerotic cardiovascular disease unknown Conditions, if ony," which gned gave rise to immediate DUE TO couse (a), stating the underate has been sig lying couse last. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART Ital 19. WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work of work D m 21. I certify that I attended the deceased fram. Aug. 1 ..., 19.61, to Jan. 16..., 185, that I last saw the deceased ..., and that death accurred at 2.45M, from the causes and an the date stated above. nay be retained of the FOOR: A page 3 shauld be detach ADDRESS (Street, city or town, stotel ACTUAL SIGNATURE 233 E. Main Street registrar PHYSICIAN'S NAME (Type) Andrews. dr. M.D. Elkton Manyland 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Bethel Bæthe Cemetery 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) arthur & Krusse. JAN 2 2 '62 Elkton Nd DATE 1SM 9/SB



. 10	Item 20b Film 307 2-9 MARYLAND STATE D	DEPARTMENT OF HEALTH
A R	DIVISION OF STATISTICAL RESEARCH AND RECORD  CERTIFICA	DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ATE OF DEATH
ifter ineral nould	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission
高品料	Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	00022
n by 1 and 1 and fier des	write RURAL and give nearest town) Elkton	2/ Elkton
rithir nithing risk and rich a	d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress)	d. STREET ADDRESS  e IS RESIDENCE ON A FARM
ely w	Union Hospital  3 Name of First Middle	221 Howard Street YES NO Dey Yeer
26 号 号	DECEASED	OF
		Cleaves   DEATH January 18 19 62
n and co n and co e carbon ent, withi	Female White WIDOWED DIVORCED	Aug. 11, 1885 76 yrs. Months Days Hours Min.
tifica sicia movi	done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stete, or fore gn country) 12. CITIZEN OF WHAT COUNTR
th cer g phy sse rei in an)	School Teacher   Principal	Maryland U.S.A.
death nding pleas and ir	Henry Mitchell Cleaves	Dora Wanick
e 5 2 ~	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unkown) (Ifyesgivewerordelesofservice)	Elkcon, Mu.
that then.	NO M1  18. CAUSE OF DEATH [Enter only one Cause per line for (a), (b), end (c),	iss Mildred Cleaves, 221 Howard St.
ires sicial d by serm or r	PART I. DEATH WAS CAUSED BY: Michaelalite Li	Au of the for himones onser and Death
physical phy	DUE TO A	eller from grant of
ding ding en si il-tra	Conditions, if eny, which to Carcumot of	7 rt Weast / month
The siften is be burial burial cr	geve rise to immediate cause (a), stating the underlying  DUE TO	
or or the half	cause lest. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS ALTOPS
Sprital Inflication to to	<u> </u>	PERFORMED?
HYS le ho lor u lor u	☐ OR CONTRIBUTING	ED. (Enter neture of injury in Pert I or Pert II of item IB.)
or the seath of th	The state of the s	athological fracture - raising herself LACE OF INDEX (Home, term, 20f. (City or town) (Stote)
Affected to the second to the	To the OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 200 PL	betory, shop affec bidg., etc.)
2 2 2	21 I certify that (I) (this_hospital) attended the deceased from.	7 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
R A be A b	saw the deceased ative on Sydem. 8	at death occured a D.M.TM; from the causes and on the date stated above
r be S st	Tun Nomo N	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1/7/6
HOSPITA Path. Paga PUNERA ector, pag filed with	PHYSICIAN'S NAME (Type) HENRY V. DAUGS M.D.	CHESAPEAKE GITY MA
HOS eath. PUN ector.	23a. BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
G g G g g	Burial 1/21/62 Elkton Cem	
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elkton, Md	d. DATIAN 3 1 '62 Cuthur L. France
M	The state of the s	DAMMIN O . OL COMMIN Z. TOMMS



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY h. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town! d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE STREET ADDRESS ON A FARM? YES Y NO 3. NAME OF DATE DECEASED DEATH (Type or print) - 1962 IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | MARRIED | NEVER MARRIED DE last birthday) Months DIVORCED WIDOWED [ 12, CITIZEN OF WHAT COUNTRY 105 KIND OF BUSINESS OR INDUSTRY USA U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 (Yes. no. or unkown) . (If yes a ve war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO ZI 200 ACCIDENT WAS UNDERLING OF CONTRIBUTING CAPE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert I of Jem 18.) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form 20f. (City or fown) (County) fectory, street, office bldg., etc.) While ... Not While et work al work p.m. 21 | certify that (I) (this haspital) attended the deceased from 1/15.U. 22 196 2 and that death occurred allow, from the causes and on the date stated above saw the deceased alive on 22b. DATE 22a SIGNATURE SIGNED ATTENDING PHYS DIRECTOR BHYSICIAN'S 22d. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, 23b. DATE OFB REMOVAL (Specify) 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S ADDRESS VR A15 [4] IAN 3 0 '62 15M 7 61 15 DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH HEMITH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) COUNTY b. COUNTY a. STATE MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outs de corporate fimits, write RURAL and give nearest town) Cheganerice Chesabea d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES | NO FI State retaine Last 3. NAME OF First 4. DATE Month DECEASED OF DEATH (Type or print) 19 5 may be d 2 with hours after 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS, 7. MARRIED - NEVER MARRIED [ last birthday) Months Hours MIDOWED \_\_ yrs. pue 10b, KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? JOB LSUAL OCCUPATION (G.ve kind of work done during most of working life, even if retired) TISA Maruland Vooht Contain 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-"In pencil i IMMEDIATE CAUSE (e) **DUE TO** Pilipary T. (6) geve rise to immediate cause DUE TO (a), steting the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While icate, w to the OR: Pa at work al work prior 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection [1]. Inquiry X and in my opinion Homicide Undetermined manner Natural causes 3 Accident Suicide CHIEF MEDICAL EXAMINER lease execute the should be forwad should be forwad by FUNERAL DIR ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLITY MEDICAL EXAMINER 15 DEPUTY EXAMINER'S Address (Street, city, folyn, or equality) Dr 50.19 NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Charanasta Catu Darday - J ₽40 늉 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR V5. A15ME DATIAN 1 6 '62 arthur & Trans 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



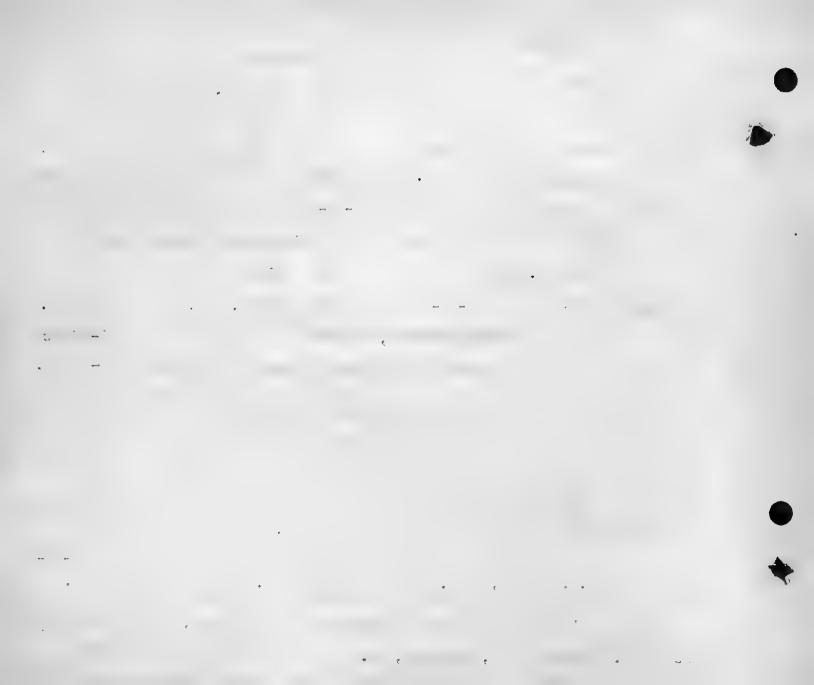
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution. Residence before admission) A. COUNTY Cecil b. COUNTY Maryland Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) 9 Days Bel Air Perry Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 417 Giles Street YES NO Z 3. NAME OF Middle 4. DATE Month Year DECEASED OF EMMETT CULVER 19 62 (Type or print) DEATH 6. COLOR OR RACE 7, MARRIED A NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years , IF UNDER I YEAR ) IF UNDER 24 HRS. and [ast birthday] Months MALE WHITE 2-14-97 WIDOWED | DIYORCED | physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Construction Selvara, Penna. USA Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Lucy Phinney Finney (Deceased) Hiram Culver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or datas of sarvice) Yes Hospital Records, VAH, Perry Point, Maryland 166-16-5301 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: VENTRICULAR FIBRILLATION IMMEDIATE CAUSE (a) 45 Mins. DUE TO Conditions, I any, which ARTERIOSCLEROTIC HEART DISEASE Unk. gave rise lo immediate ceuse DUE TO (a), stating the underlying ARTERIOSCIEROSIS, GENERALIZED, SEVERE Unk. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? T NO 20e ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town, (County) (State) factory, street, office bldg , etc.) While Not While Hour a.m. al work at work 21. | certify that XI) (this hospital) attended the deceased from 1-10-62 to 1-19- 19.62 that (I) (we) last saw the deceased alive on... 220. SIGNATU 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR HYSICIAN'S 22d. ADDRESS L. Garey. VAH. Perry Point. 23c. NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION. 23d. LOCATION (City, town or county) REMOVAL (Specify) 市品 JAV. 22, 1962 BEI Air Memorial Gardens BEI Air O 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE W. Brondway ADDRESS Williams 34 VR A15 (4) animy S. Thous 1SM 7/61 BEI ATC. MAMIANO JOSEPH W. Foster



1	Ø		MARYLAND STATE DEPARTMENT OF HEALTH	
- m/			CERTIFICATE OF DEATH  OCLOS  CERTIFICATE OF DEATH	111495
tuners	1		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution country)  a. STATE AD.  b. COUNTY	Residence before admission
by the and 2 death.			b. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town)	
ad in	65	,	ELITEN   NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat oddress)   d. STREET ADDRESS	a. IS RESIDENCE ON A FARM
pers.		, ros.	NAME OF First Middle Last 4. DATE Month OF	Day Year
d comp bon pa			(Type or print)  SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDI	
ian and		10a	FEMALE VIIHITE WIDOWED DIVORCED MAY 10, 892 69 yrs.  USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12.	Days Hours Min.
physic e remo			FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	1.5A.
and ir			SHERDIAN MARSH LIDIA SINGLETON	
The at moved all			s, no, or unkown] (Hyesquewarordatasofservice) ? Charles H. Curry / HYREDECTA	
ysician ysician ad by 1 permit			PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Solve the second se	ONSET AND DEATH
aw rec ling ph in sign transit			Conditions, if any, which (b) Pulmonary Infarction	
affend affend as bee burial rial, cre			gave rise to immediate cause (a), stating the undarlying DUE TO causa last.  GO SHD THEORY FAILURE	
CIAN: pital or ficate I as the to bu	4,	MOIL		ART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
he hos nis certifor use th prior	,,,	CERTIFICA	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part of Part II of item 18.]  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER,	[ 113 <b>] E.</b> 113 [
After It tached of Heal		WEDICAL C	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCJRRED 20a. PLACE OF INJURY (Home, farm, 20f. (C'ty or town) (Mila Not While factory, streat, office bidg., atc.)	County) (State)
TOR: Dept. o		ME	St. 8 Colors titel (1) (tite timbrid) engineer to a	19 <b>6.2</b> , that () (we) la
nay be Should Should			saw the deceased alive of 19.62, and that death occured at 19.64, from the causes and o	n the date stated above 226. DATE SIGN
RAL I	,		M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
FUNER Pector, per filled will	′	23	BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or co	unity) (State)
PR AIS (4		-4	FUNERAL DIRECTOR'S SIGNATURE. 1/1 ADDRESS 1258. REC'D BY REGISTRAR 256. REGISTRAR	O. MID_
15M 7 61	B	Z		8. Kraus



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 111490 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) **COUNTY b.** COUNTY Cecil Maryland Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown) Perry Point 19days Edgewood d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T Veterans Administration Hospital 13 McCann 3. NAME OF 4. DATE Month DECEASED OF (Type or print) JAMES DUNN DEATH January 19 62 6 COLOR OR RACE 7, MARRIED TO NEVER MARRIED IF JNDER 24 HRS. B. DATE OF BIRTH 9. AGE III Years IF UNDER I YEAR last birthday | Months Male WIDOWED DIVORCED T 10a. USJAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working ...fa, even if retired) Mechanic Air Frame Virginia, Glade Springs USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edna Carlton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive wer or detes of service) Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)., ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3-5 Day BRONCHOPNEUMONIA. BILATERAL IMMEDIATE CAUSE (e) DUE TO 5-6 Mths. CARCINOMA OF LEFT LUNG WITH METASTISIS TO BRAIN geve rise to immediate causa **DUE TO** (a), steting the underlying PART I OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO 20e ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Stete) factory, street, office bldg., etc.) While Not While el work at work 21. I certify that MANAGEM attended the deceased from December. .21 161..., to January 9., 19 62 that the deceased from December. .21 161... 22e. SIGNATURE DIRECTOR . 22d. ADDRESS 22c. PHYSICIAN'S A.L. MOONEY, Asst. Clinical Pathologist, VAH, Perry Point, Md. 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) 238. BURIAL, CREMATION, 1 235 DATE THEREOF (State) S g. B REMOVAL (Specify) Cokesbury Memorial Abingdom, Harford, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) ISM 7/61 McComas ಹ Son, Abingdon, Md.



22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

O. Car & Krays

CEMETERY CHESAPEAK

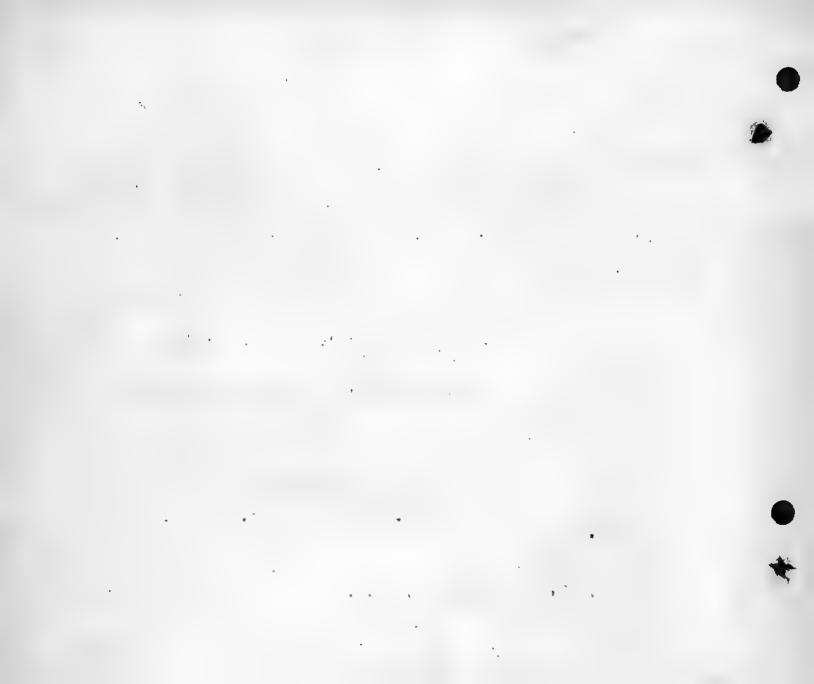
REC'D BY REGISTRAR

(State)

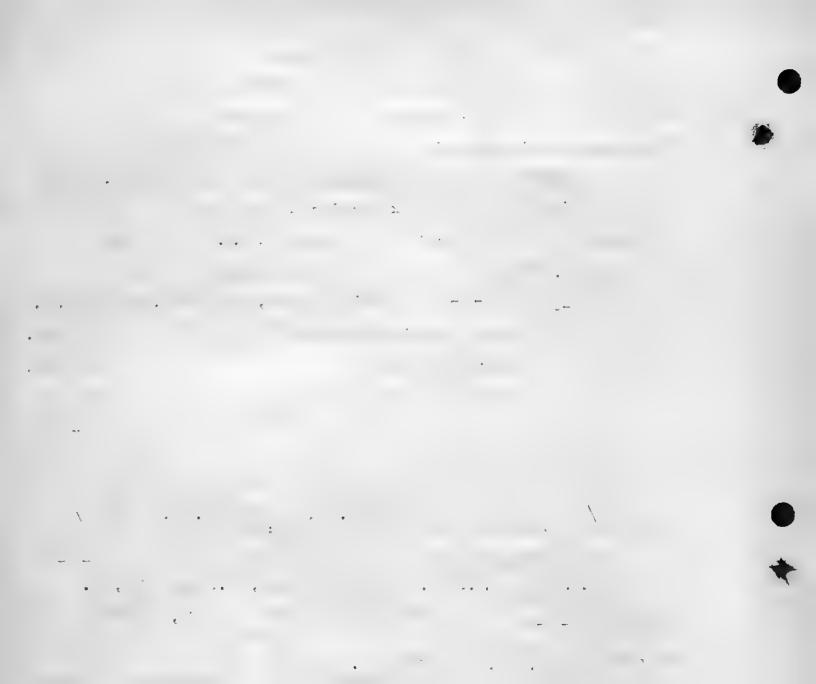
10 HOSPITA TO HOSPITA TO FUNERA

220. BUR AL, CREMATION, 226 DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00501 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution, Residence before edm syon) # COUNTY b. COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Perry Point lvr4mos5davs TAKOMA PARK d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? 6905 Prince George Avenue Veterans Administration Hospital YES NO -3. NAME OF 4. DATE DECEASED (Type or print) DEATH January GEORGE EDWARD FOSTER 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Male WIDOWED [ DIVORCED T December 8, 1923 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Washington, D.C. Routeman Dry Cleaning IISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GEORGE E. FOSTER WATSON 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMANT 15. WAS DECEASED EYER IN CLO. Manner of the Company (Yes, no, or unknown) [lifyesgivewerordatesofservice] 78-16-0162 Address Hospital Records, VA Hospital, Perry Point, Md. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute Myocardial Infarction. to 4 hrs. Coronary Thrombosis to 4 hrs. gave rise to immediate cause (a), stelling the underlying Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,2) CERTIFICATION PERFORMED? NO 200. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW .NJURY OCCURED. (Enter neture of injury in Part I or Part It of Item 18 ) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) , County, (State) factory, street, office bldg., etc.) While Not While et work Hour e.m. saw the deceased alive on January 27 ... 19.62 ... and that death occured al 0.205 from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING DIRECTOR T PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S A.L. MOONEY, M.D. Asst. Clinical Pathologist, VAH., Perry Point, Md. 23s. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) George Washington Memorial, Adelphia, Maryland OF 1-28-62 Removal 25a REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE VR A15 (4) Home Inc. DATE AN 3 1 '62 Circ M S. Places 1SM 7:61 FUNERAL HOME, INC., MT.RAINIER, MD.



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00502 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY **b. COUNTY** Cecil MARYLAND Carroll b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Powrite RURAS and pive nearest town) 16yrs7moslldaws Westminster d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 137 E. Green YES NO 3. NAME OF 4 DATE Year DECEASED MARIE FRANKLIN (Type or print) DEATH January 1962 13 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED last, birthday) | Months Female White 1-21-1887 WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work , 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if refired Neglstered Nurse Nursin $oldsymbol{arepsilon}$ Carroll County. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin G. Franklin Agnes A. Shuey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (lives avewar or detes of service) Unknown Hospital Records, VA Hospital, PerryPoint, Md. 18. CAUSE OF DEATH |finier only one cause per line for (e), (b), and (c).) 3-5 days Bronchopneumonia, bilat PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DELF TO Arteriosclerotic Heart Disease Unknown Conditions, if env. which geve rise to immediate cause DUE TO (e), stelling the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0)1 19. WAS ALTOPSY PERFORMED? Emphysema NO 20e ACC.DENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in,ury in Pert I or Pert II of Irem 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY (County) (State) Month, Day, Year 20d, INJURY OCCURRED I 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) While Not While et work et work 7 ..., to Jan. 13., ... , 19.62 mondent worker X-XXX JEX X526X6X6X6X6X6X6 22e. SIGNATURE ATTENDING January PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S M. D. Asst. Clinical Pathologist, VAH., Perry Point, Md. 238. BURIAL, CREMATION, 236 DATE THEREOF 123c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) Ft Myer, Virginia Arlington National JEMOVA 4 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SUGNATURE **ADDRESS** a thur & throng Havre DeGrace Md.

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM  CERTIFICATE OF DEATH	ORE 1, MARTLAND
F FEB (M)	1. PLACE OF DEATH  1. PLACE OF DEATH  1. PLACE OF DEATH  1. 2. USUAL RESIDENCE (Where deceased lived)	W. ashtrian Paralama before admired
funera shoul	a. STATE b. CC	DUNTY
by the and 2 death.	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, v.	Cecil write RURAL and give nearest town)
24 L Py	Write RURAL and give nearest town) Elkton	
hin afte	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
with	Union Hospital	YES NO
letely pers 2 h		onth Day Year
mpl pal in 7	[Type or print] Thomas Joseph Glanding DEATH Ja	nuary 25, 1962
o do co bon with	5. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In ye last birthda	
te b an car	Male   White   WIDOWED   DIVORCED   July 5, 1896   65 yrs	5.
ifica nove eve	10e. JSUAL OCCJPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign cound done during most of working life, even if retired)	
cert phys ren any	Retired Farmer Farming Delaware  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	U.S.A.
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Belgin de (I)	William Glanding Elizabeth Golt  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Add	lross
The walk	Yes, no, or unkown) (Ifyesgive warordates of service)	dale Wal
that in. remo	1215-36-1508 Mrs. Eva M. Glanding, Warw	INTERVAL BETWEEN
ires sicia d by perm or r	PART I. DEATH WAS CAUSED BY.  Hypertensive Cario-renal dissese	ONSET AND DEATH
phy phy gne gne, ion,	442 X DUE TO	
aw ing in sin trar	Conditions, if any, which (b)	
he liend bee urial	gave rise to immediate cause (a), stelling the underlying DUETO	
r ath has has be burial	cause last. (c)	
IAN ral cate ss th	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  Unemia (Death due to sudden onset of Bibrillation)	PERFORMED?
SIC ospinal striffin ior 1	Uremia (Death due to sudden onset of Bibrillation)  200 ACCIDENT WAS JNDERLYING []   206. DESCRIBE HOW INJURY OCCURED. (Enter reture of many in Part of Part I of Part II of Item 18.)	YES NO X
HIVE SECOND	200 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW IN, URY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING 1 CAUSE OF DEATH OF ITE EITHER, NOTIFY MEDICAL EXAMINED	
The sale		(County) (State)
Afte hach	Hour a.m. While Not While factory, street, office bldg., etc.)	(2007)
Dr. de H	21. I certify that (I) (this hospital) attended the deceased from Jan 15, 19.61, to 25. J.	pn 10 62 that (1) (wa) la
OI P	saw the deceased alive on 25 Jn 1962 ., and that death occurred at 12.200 fraction to the cause	
State	22a. SIGNATURE	22b. DATE
O E A E B	Waller Ollenskiein MD M.D. ATTENDING MED. STAFF PHYS. [ MED. DIRECTOR   PHYS. [	26 Jan 62 Tan 26 Jan 26
ERAL Dispersion with the	22c. PHYSICIAN'S NAME (Type) TY 77 00 mehodin M. D.  (Codditon M. D.	
N Z ÷ TI	Wallace Opensualli, M.D.	
death. P O FUNI director, be filed	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City REMOVAL (Spacify)	
Charity and Charles	Burial Jan. 27, 1962 Sudlersville Cemetery Sudlersvill	
VR A15 (4)	24 FUNERAL DIRECTOR'S SUBNIATURE ADDRESS ADDRESS 258. REC'D BY REGISTRAR 256.	Cottling S. Thema
31	Canara serous, recurgion, plan DATE	
Y	V	



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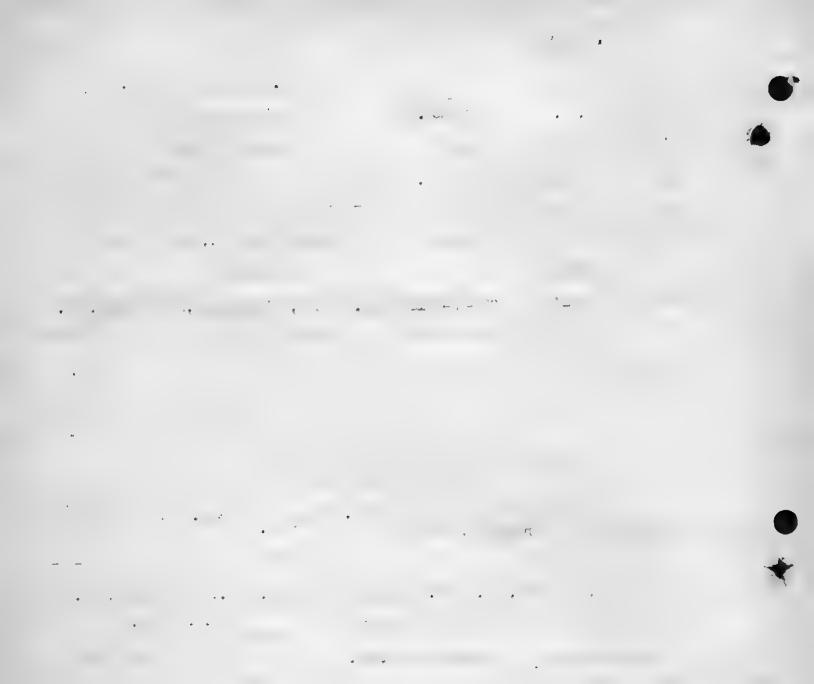
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00504 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, If institution, Residence before edmission) e. COUNTY **b.** COUNTY Cecil T MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest lown) 16 days Perry Point .Md. Philadel.phia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM Veterans Administration Hospital YES NO Z Wyndmoor Avenue 3 NAME OF DATE DECEASED 19 62 (Type or print) DEATH January JOSEPH COLDEN AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH (ast birthdey) 9-21-1894 Male White WIDOWED [ DIVORCED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Northumberland Co., Penna USA Laborer Unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JAMES GOLDEN ROSE MONAHAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, or unkown) (Hyesg vewer ordetes of service) Hesp.Records, VA Hospital, Perry Point, Md. 209-1/1-6718 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: -10 Days BRONCHOPNEUMONIA, BILATERAL, SEVERE IMMEDIATE CAUSE (+) DUE TO ARTERIOSCLEROTIC HEART DISEASE Unk. nave rise to immediate caree **DUE TO** (a), stating the underlying Years DIABETES MELLITUS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1881 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 206 DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part | or Pert | of Item 18.) 20a ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer lectory, street, office bldg., etc.) While Not While Hour am. VAat work at work ANY MANAGER AND ANY AN 22b. DATE 22a SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) MOONEY, MD. Asst. Clinical Pathologist, VAH., Perry Point, 23c. NAME OF CEMETERY OF CREMATORY 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23d. LOCATION (City, lown or county) 0 \$ 2 REMOVAL (Specify) Phila., Penna. Holy Sepulchre YEMOVA4 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRES5 VR A1S (4) 24 FLINERAL DIRECTORYS SIGNATURE 15M 7 61 DATE JAN 1 7 '62 Havre DeGrace. Md. arthur & Kings

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and

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RYLAND STATE DEPARTMENT OF HEALTH



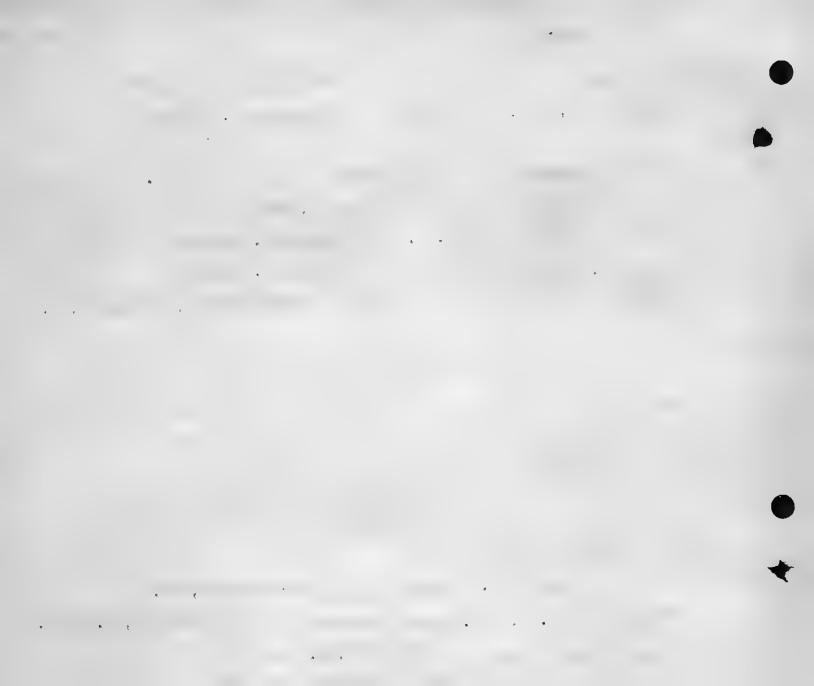
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Maryland Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryville Rund Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Aikim YES NO X 3. NAME OF First Middle 4. DATE Month DECEASED Alexander (Type or print) Hassen DEATH 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday) DIVORCED [ June 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? enna. R.Read Maryland . cecil Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Hasson Martha E. Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. (Yas, no, pe unkown) | (Ifyasgivewarordalesofzervice Miss Gertrude Hasson, Perryville, Md.

NIERVAL BETWEEN
ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause persina for (a), 1b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gava risa to immediata cause DUE TO (a), stating the undarlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this haspital) attended the deceased from. saw the deceased alive on 22a. SIGNATURE SIGNED DIRECTOR 22c. PHYSICIAN'S Clarence NAME (Type) Bensen Port Deposit. Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) Jan. 13, 1962 Asbury Cemetery Deposit Md.Rural ADDRESS. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE VR A15 (4) Perryville .Md. DATE JAN 1 2 '62

Q.

15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 90508 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ofion, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY b. COUNTY Cedi1 STATE Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Elkton (Rural) D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Union Hospital YES NO NAME OF Middle DATE funeral Month Day Year retained for your 2 with the registro DECEASED DEATH 29 1962 (Type or print) Teffrey Allen Tan. Tohn IFUNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED KI NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years 3 to the last berthday) Manths Hours Min. Feb.15, 1906 hi te Malle WIDOWED [7] DIVORCED | yrı. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and USA West Virtinia Gen ril Motors Plint Auto Assembly Jech. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1 Russell Teffrey Lulu Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IVes no or unknown Give Mrs. John A. Jeffrey, Elkton, Md. R.D. 234-16-6340 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 10m Pulmonary Hemmorrhage silicosis also cardia IMMEDIATE CAUSE (6) **DUE TO** Canditians, if any, which pencil gave rise to immediate cause **DUE TO** (a), stating the underlying cause tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO. 20g. EXTERNAL CAUSE WAS PRIMARY OF GONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) While Nat while 0 9 0 a.m. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry A and find that death resulted from: Natural causes \( \). Accident \( \). Suicide \( \). Homicide . Undetermined cause to The Chie DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL 1 ASSISTANT MEDICAL EXAMINER 1-30-62 **EXAMINER'S** DEPUTY MERCHENE EXAMENER STATE . R.C. DODSON M.D. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Sinders Cemetery O Clay, lest Vir inia Removal 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Vs. A15ME(5) North East, Md. DATEIAN 3 1 162 5M 9/55



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00507 CERTIFICATE OF DEATH director . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed COUNTY b COUNTY Ceci1 MARYLAND Marv1 ind unerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest tawn) requires that the death certificate be executed within 24 hours ofter dea 1 dav 2 North East d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Mill Lane Union Hospital .≘ NAME OF DECEASED First 4. DATE Middle Lost Month filled Stella DEATH (Type or print) Rebecca Tohnson 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years completely last birthdoy) DIVORCED | WIDOWED K Female March 19.1889 White 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) puo u Mary land Housevif e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Neal Sarah Ann Dennison IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) Iff yes, give war or dates of service! None Miss Patsy Johnson, Mill Lane, North East, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY: Imonar, IMMEDIATE CAUSE (o) Canditions, if ony, which signed gove rise to immediate DUE TO couse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1, of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Manth, 20f. (City or lown) Doy, Year 20d. INJURY OCCURRED factory, street, affice bidg , etc.) Hour o m. While Not while at work pm. of work 2 Z Jan 1962that I last saw the deceased . 1964 ta 7 164 21. I certify that I attended the deceased fram\_ and that deoth occurred at A DAM, from the couses and on the date stated above. ADDRESS (Street, city or town\_state) ACTUAL SIGNATURE B PHYSICIAN'S

may be retoined by the FUNERAL DIRECTOR 0 VS A1S (4) 15M 9/5B

NAME (Type)

220. BUR AL CREMATION,

22b. DATE THEREOF

REMOVAL (Specify) 1-25-62 North East Metholist North East Maryland. 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n, REC'D BY REGISTRAR Circling S. Thous DATE JAN 3 0 '62 North East Md.

22c. NAME OF CEMETERY OR CREMATORY

Reg. Dist. No.

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

2304104.

PERFORMED? YES | NO IX

(Stote)

(State)

Doys

USA

(County)

22d. LOCATION (City, town, or county)

Months

e IS RESIDENCE

ON A FARM?

YES INO IX

Yeor

1962



## EVI AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 99598 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest lown) 13 Yrs. 5 Mths. Perry Point Washington, D. C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 132 Rhode Island Ave. Veterans Administration Hospital DECEASED (Type or print) DEATH HARRISON JONES **HENJAMIN** January 21. 6. COLOR OR RACE T, MARRIED X NEVER MARRIED AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months Male Negro WIDOWED T DIVORCED [ 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Unknown Unknown North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Then please Milton Jones Clara L. Harlee 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarerdatesofservice) VA Records, VAH, Perry Point, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bronchopneumonia bilateral severe DUE TO (b) Myocardial fibrosis gave rise to immediate cause **DUE TO** (a), stating the underlying (c) Arteriosclerotic heart disease severe PART IS. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 2Da ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, street, office bidg., etc.) While \_\_Not While at work at work Seven and the causes and on the date stated above. 22a SIGNATURE **ATTENDING** DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S VAH, Perry Point, Maryland 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b, DATE THEREOF 0 = 2 REMOVAL (Specify) Arlington National Cometer Burisl PUNIERAL DIRECTOR'S SIZENA VR A1S (4) 15M 7761 1 anh 7 8, Thomas Havre de Grace, Md.

IS RESIDENCE ON A FARM?

YES NO X

IF UNDER 24 HRS.

NTERVAL BETWEEN ONSET AND DEATH

unknown

PERFORMED? NO [

(State)

22b. DATE

SIGNED

days

1962 19

U-S-A-

(County)

- I.

FOR STATE

rector, Page your files. TO DEPUTY EDICAL AMINER: This certificate should be executed within 24 hours after death. If any delay is necessible as execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the functionary as should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain your it or FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State word off H or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00509 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00506

*		PLACE OF DEATH  . COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)					
	,	Coc: 7 MARYLAND	6. STATE 6. COUNTY					
	k	b. CITY OR TOWN (if oulside corporete limits, write RURAL end give neerest town)	V					
ایر		Elkton	Hacks . 1					
7		NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give alreat eddress)  Thining Fornital	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM? YES \[ \text{NO} \]					
	3.	NAME OF First Middle DECEASED	Lasi 4. DATE Month Dey Yeer					
		(Type or print)	DD DEATH J ST OV 1719 AC					
М	5.	SEX 6. COLOR OR RACE 7. MARRIED THEY MARRIED	8. DATE OF BIRTH 19. AGE (In yours   IF UNDER 1 YEAR   IF UNDER 24 HRS.					
		1 16 Winte   WIDOWED   DIVORCED	Onc. 2,100 (5 yrs Months Days Hours Min.					
		. USUAL OCCUPATION (G've kind of work 10b, KIND OF SUSINESS OR INDUSTRIES OF WORKING Life, even if retired)	TRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
		eneral Electric Elec. Eng.	Norway USA					
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
		Frederick C. Lied	Hilda Hjotth					
	15.	WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.						
	(Tes	s, no, or unkown) ((fyesgive werordeles afservice)	Mrs. Maler V. Tied Macle Point, Mr.					
	- 1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN					
		PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH					
ı		DUETO						
		Conditions, if any, which (b) Coronary Occlusion						
		geve rise to immediate cause DUE TO						
		cause lest.						
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY					
	Š		PERFORMED? YES NO Y					
	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enfer neture of injury in Pert I or Pert II of Item 18.)					
	3		LACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stelle)					
	WEDICAL		ectory, street, office bldg., etc.)					
	~	21. I certify that I took charge of the remains described above,	held an Autopsy . Inspection . Inquiry . and in my opinion					
			icide . Homicide . Undetermined manner					
		Accident []	CHIEF MEDICAL EXAMINER					
		MINDOUS 1911						
, [		SIGNATURE SIGNATURE	M D.					
		EXAMINER'S NAME (Type) R. C. DODSON M.D.	DEPUTY MEDICAL EXAMINER T					
	220	NAME (Type) H. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	OR CREMATORY T22d, TOCATION (City, town, or country) (Stole)					
		REMOVAL (Specify)						
	22	FUNERAL DIRECTOR ADDRESS	Co. et.ry Carillod Penna. Y 246. RECIP BY REGISTRAR 24B, REGISTRAR'S SIGNATURE					
PT) TIT TITE TATE IN 1 9 62 Cultury S. Fr.								

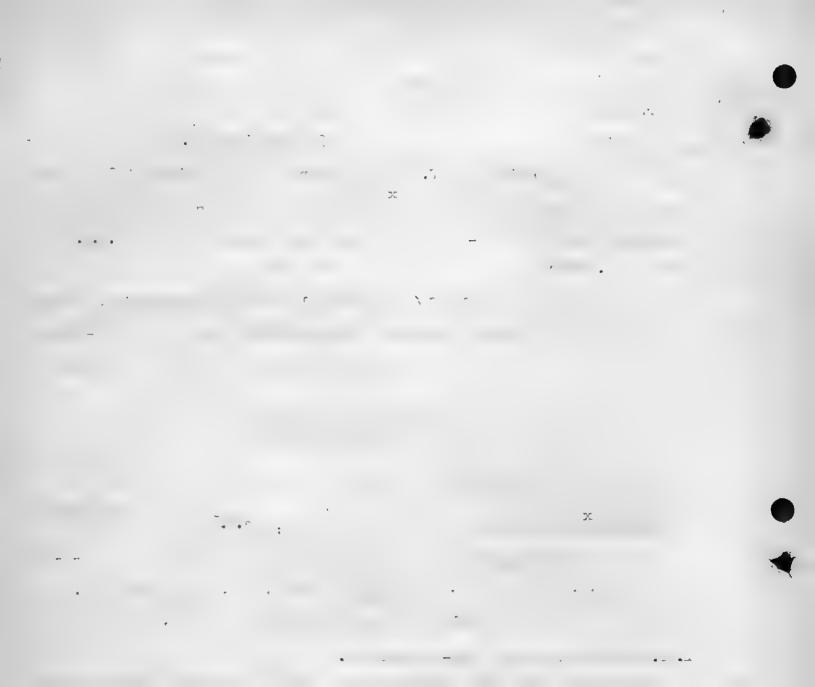


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00510 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) **A.** COUNTY b. COUNTY . SMaryland Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) 210 days Baltimore Perry Point d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? 4300 Mansfield Ave. VA Hospital YES NO DO 3. NAME OF 4. DATE Middle DECEASED OF 62 (Type or print) Norris J. Maher DEATH January 19 and cor carbon tt, withir AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months | Deys Male White WIDOWED [ DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Baltimore, Maryland Sheetmetal Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Hanna Norris William J. Maher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address levor. (Yes, no, or unkown) | (If yes give werendetes of service) VA Hospital Records VAH Perry Point, Maryland Yes WW II 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH Bronchopneumonia bilateral unresolved days IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic heart disease unknown Conditions if any, which gave rise to immediate cause **DUE TO** (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)] 19. WAS AUTOPSY PERFORMED? Arteriosclerosis generalized moderate YES T NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18) 20a ACCIDENT WAS UNDERLYING | 1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2De. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 19.61 to 1.9..... 19.62, paragraphic parachip transfer of the causes and on the date stated above. 22b. DATE 22e SIGNATURE 1-9-62 IGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (Typa) Asst. Clinical Pathologist, VAH, Perry Point, Md. 23a, BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore National Cemetery Baltimore, Maryland Removal 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A1S (4) Circlin J. Trans ISM 7/61 DATE AN 11 J. RUCK & SONS FUNERAL HOME-Baltimore Md.

requires that the death

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LYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HIALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH AHERO

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)						
Cecil MARYLAND	a. STATE New Jersey b. COUNTY						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Perry Point lyr.lmo.7days	Vineland $(7\lambda 3)$						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?						
Veterans Administration Hospital	West Landis Avenue						
3. NAME OF First Middle	Last 4. DATE Month Day Year						
(Type or print) FRANK M.	MARINO DEATH January 25 19 62						
	MAKINU   January 25 19 62  DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
	last birthday) Months, Days Hours Min.						
Male   White   WIDOWED   DIVORCED   100. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTR	70 yrs.  NY 11. BIRTHPLACE (County & State, or fore an country)  12. CITIZEN OF WHAT COUNTRY?						
dane during most of working life, even if retired)							
Barber Barbering	Italy USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Lorenzo Marino (deceased)	Marie Marabee (deceased)						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address						
(Yes, no, or unknown) (Hyes give war or detector) Yes WW-I 137-22-7387 Ho	ospital Records, VAH, Perry Point, Md.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	I INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: Con cogtive heart	failure (recurrent), hyperten- 3-5 days						
	rotis heart disease						
	eritonitis due to perforated unknown .						
(a), stating the underlying DUE TO urinary bladder	diverticulum						
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO	DY RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
Diabetes mellitu	is and ulceration of rectum						
208. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in all obogy it anknown						
PERFORM  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury inexal of books of death of the terminal disease condition given in part 1(a) 19. When Perform Perfo							
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20c. PLA	CE OF INJURY (Home, ferm, † 20f. [City or town] (County) (State)						
VA STANDED	lory, street, office bldg., etc.)						
	December 1040 I am 0540 W						
	December 18160, to January 25162xhxxixxxxxx						
INVENTAGE AND THE Causes and on the dete stated above							
22% SIGNATURE 22% DATE SIGNED STAFF SIGNED							
	.D. PHYS. DIRECTOR PHYS. A 1-25-62						
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS						
A.L. MOONEY Asst. Clinical	Pathologist, VAH, Perry Point, Md.						
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY							
BORIAL 1-29-62 SACRED	HEART VINELAND, N.J.						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE						
Wainwright Kuneral Home, Vineland,							

JAN 3 0 '62

Chottony L. Humas

PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page may be ned by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely full functor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. It be filed with the State Dept. of Health prior to burfal, cremation, or removal, and in any eyent, within 72 hour TO HOSPIT

VR A15 (4) 15M 7/61



		.M		PARTMENT OF HEA		
1		DIVISION OF STATISTICAL R	RESEARCH AND RECORDS  CERTIFICAT	, 301 W. PRESTON STRE	ET, BALTIMORE 1,	MARYLAND
1)	-	00012				
		PLACE OF DEATH  COUNTY  Cecil		a. STATE Md.	b. COUNTY	tion; Residence before edm ssion!  Cecil
	_		MARYLAND			
è		b CITY OR TOWN (I outs de carporete .imits, write RURAL and give nearest town)  Calvert	c. LENGTH OF STAY N 16	c. CITY OR TOWN (If auts de	corporate limits, Writa KUK	AL and give nearast fown)
	_	d NAME OF HOSP TAL OR INSTITUTION (IF	not in hospital, give street address?	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		Graybeal Nursing	Home	222 W. Hig	h St.	YES NO
	3.	NAME OF Fist DECEASED	Middle	Last 4. DA	TE Month	Dey Year
1		(Type or print) Eugene	P. 1		Jan.	7, 1962
	5	SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF U)	
			W DOWED DIVORCED	March 5.1889	72 yrs.	Ihs Days Hours Min.
		. USUAL OCCUPAT ON (G ve kind of work	106. K NO OF BUSINESS OR INDUST	TRY 11 B RTHPLACE (County & Stat	e, or foreign country)   1	2. CITIZEN OF WHAT COUNTRY
	60	Farm & Carpenter	Labor	Marvland		U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	'	_
		Joseph E. May		Sarah John	son	
		WAS DECEASED EVER IN U.S. ARMED FORCE			Address	
	(A	No. or unkown) (If yes give we rordetes of serv		Theodore May Ches	apeake City	Md.
		18 CAUSE OF DEATH [Enter only one co		, ,		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Charling the	111		ONSET AND DEATH
		IMMEDIATE CAUSE (a)	Carmorar -	compensar		- Clair
		DJE TO		h	It alian	5 M
		Conditions, fany, which (b)_geve rise to immediate cause	mines en	so me I wan	-1 - Charle	se i nym
l		(a), stating the underlying DUE TO				
	1_	PART I OTHER SIGNIF CANT CONDITION	THE CONTRIBUTING TO DEATH B IT A	OT BE ATED TO THE TERMINAL DISC	ASE CONDITION GIVEN IN	BADT (-) (10 WAS AUTOPSY
	ATION	PART I OTHER SIGNIF CANT CONDITIO	SNS CONTRIBUTING TO DEATH BUT N	O KELATED TO THE TERMINAL DIS	ASE COMMINION GIVEN III	PERFORMED?
	S			The state of the s	0 11 42 40	YES NO
	CERTIFIC	OR CONTRIBUTING ET CAUSE OF DEATH	ZOB. DESCRIBE HOW INJURY OCCURE	ty. (traier neture of injury in Peri I of	ren ( or liem 18.)	
	1 .	(IF EITHER, NOTIFY MEDICAL EXAMINER)				to the second
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer Hour a.m.	20d, INJURY OCCURRED 20e, PL While Not While fa	ACE OF INJURY (Home, form, 120).	(City or town)	(County) (State)
	쭕	p m. 19	at work at work			
		21. I certify that (I) (this hospital				., 19 <b>5</b>
		saw the deceased alive on	1.6 and the	at death occured at II. A.M.,	from the causes and	on the date stated abov
		22a. SyGNATURE -		ATTENDING MED.	STAFF	1226. PATE
	1	1 Merx 167	autor &	M.D PHYS. TO DIRECTO	R PHYS.	1/8/63
		22c. PHYSICIAN S	0,0	22d ADDRESS		MI
1		NAME (Type) Nell C	Jaylordra	1P KISINA	Jun_	1'larylon
	23	BUR AL, CREMATION, 235 DATE THERE			LOCATION (City, town or	
		REMBUT dI Jan. 10,	1962 Johntown Co	emetery E	arleville	Md.
	24	FUNERAL DIRECTOR'S SONATURE	ADDYES	/- 25e. REC'D BY F	EGISTRAR 256. REGISTR	AR'S SIGNATURE
	1	" Marked Tullows	2 60, Vlow	MATE JAN	11 '62	cremer S. Kraus
1	6	Went - from				



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND () 11 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution, Residence before edm.ssion) e. COUNTY **b.** COUNTY Cecil Cecil MARYLAND b. City OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Chesapeake City Chesapeake City d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) d STREET ADDRESS A. IS RESIDENCE ON A FARM? YES NO K Morgan Nursing Home 4. DATE Month M ddle DECEASED DEATH (Type or print) Jefferson Davis McCov January 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR) E UNDER 24 HRS. 8 DATE OF BIRTH lest birthdey) Months and Days Hours WIDOWED [ D YORCED February 6,1901 Male - 60 12. CITIZEN OF WHAT COUNTRY? IDe. USUAL OCCUPATION [Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) U.S.A. Farmer Own Farm Del. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jefferson D. McCoy Sadie Gross. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(Ifyasgivewarordetesofservice) Mrs.Sarah Ellen McCoy, Chesapeake City, Md. No. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the undarlying PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? NO 🗔 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY [Home, farm, ] (County) (Stelle) 20c. TIME OF INJURY 2Df. (City or lown) Month, Day, Year factory, street, office bldg., etc.) l While Not While MEDI Hour a.m. et work et work 19 60 105 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on AN 19... and that death occured at Z... I.M., from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 236. BURIAL, CREMATION, 236. REMOVAL (Specify) Bethel Cemetery Feb, 3, 1962 Chesapeake City, 0 ∺ 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) William S. France 15M 9/60 162

death

MARYLAND STATE DEPARTMENT OF HEALTH



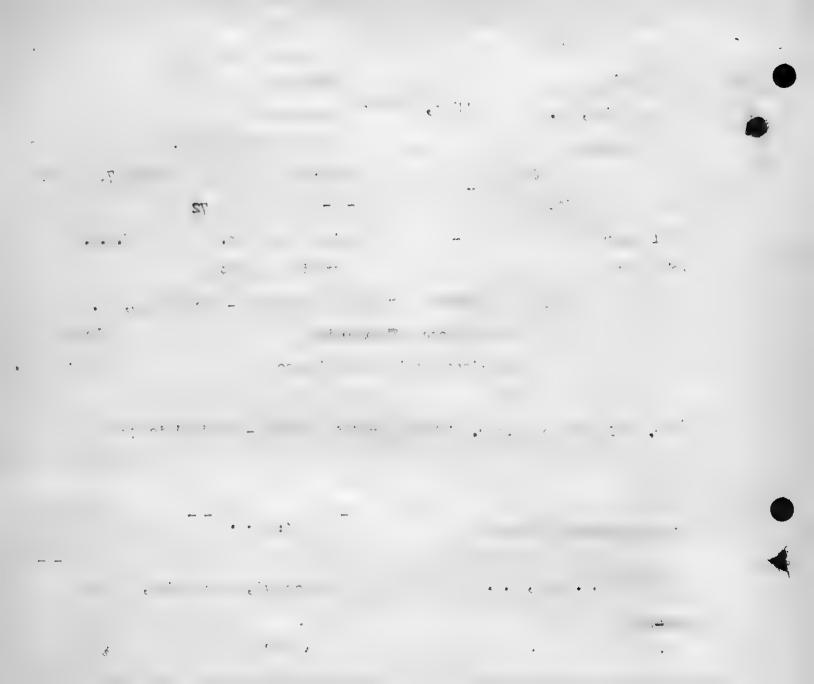
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. DRESTON STREET RAITIMORE 1, MARYLAND

0	0514	CERTIFICA	TE OF	DEATH	MEET, DALIM	TORE I, ITUM	00510
1. PLACE OF DEATH			2. USITE	L RESIDENCE (WI	nere decessed lived, I	inshtuhon, Residen	ce before edmissipal
e. COUNTY	047		a. STA	TE	b. cou		/
	Cecil	MARYLAND		Maryla	and		V
b. CITY OR TOWN (if our	side porporate limits,	c. LENGTH OF STAY IN 15	c. CITY	OR TOWN (If outsid	a corporata limits, wri	te RURAL end g ve	neerest town)
write RURAL and grive Perry P	oint	3675ma 7ma 53.		Dalts		3111	1 11
	OR INSTITUTION (if not in ho	Joyrs. 7mo. 5da	39	Baltin ET ADDRESS	loi.e	~ / (	I S DECIDENCE
a. Trime of the string of	N MARTINION IN NO. IN NO.	sbuer, dise susest addiess)	d. 21k	EI ADDRESS			e. IS RESIDENCE ON A FARM?
Veterans Adm	inistration	Hospital	720	North Li	nwood Ave	enue	YES NO
3. NAME OF	First	Middle	la				Yeer
DECEASED (Type or print)	BEN	( NTN/T )	MITT	O1	TRANK T		40 60
		(NMI)	MIDU	ILB	o smus	<u> </u>	19 62 _
20 0	COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF E	IRTH	9. AGE (in year last birthday)	Months   Days	Hours   Min.
Male	White woow		10-7-8		173 yrs.		
done during most of working	life, even if refired)	OND OF BUSINESS OR INDUS	TRY 11 BIRTH	PLACE [County & Ste	ite, or foreign country	12. CITIZEN C	F WHAT COUNTRY?
Laborer			Aus	tria		USA	
13. FATHER'S NAME			14. MOTH	R'S MAIDEN NAME		9511	•
	Peter Midura	,	Anı	na Lasek			
15. WAS DECEASED EVER IN	U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMAN	T	Addres	as .	
(Yes, no, or unkown) (Ifyesg	ive war or dates of service)	Name II		1)			262
1 ~ 0	COO DILINO		ospita.	. Records	, VAH, Per:	ry Point.	, Md.
	H Enter only one cause per	kne for (e), (b), and (c).j				IN	TERVAL BETWEEN
PART I. DEATH WA	AS CAUSED BY: Bron	chogenic car	cinoma.	right lur	no with		iset and death inknown
I I I I I I I I I I I I I I I I I I I				TT-0110 TO	78 MI OII		TITATIONIL
1600	DUE TO MICE	tastasis					
Conditions, if eny, wh	itch (b)_						
geve rise to immediate of	A DELICATION						-
(a), stating the underly	ying Dot 10						
cause lest.	/ (c)						
PART II. OTHER SIGNO	VIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED T	O THE TERMINAL DIS	EASE CONDITION GI	VEN IN PART 1(a)	PERFORMED?
[F]							YES NO 1
E 20a ACCIDENT WAS U	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.)						
OR CONTRIBUTING C	AUSE OF DEATH	The state of the s		on tollary in that to	1411 11 11 11 10 1		
	ICAL EXAMINER)	<u></u>					
YOUR Hour e.m.					(City or town)	(County)	(State)
Hour e.m.	While		ctory, street, of	ice bidg., etc.)			
	V A 17		Tanna	07 05	T	- 70 - 60-	
21. I certify that	OLX(DC)CX(DC)(DE) alten	ded the deceased from	s.mie	.4.1 19.42	o o a annar.	Z2U 190.43	PRIX(k) X(303X)XISKI
SCHEDENE DE DESCRIPCIONES COMPANIONES COMPANION DE COMPAN	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx						
22e. SIGNATURE	226, 5131471GRL 225, DAIL						
	- healed		M.D. PHYS.	DING MED.	R PHYS.		1-31-62
22c. PHYSICIAN S	1 Annual Property			DDRESS			2-/2-02
NAME (Type)	. GOLDGRABEN	Chiof Mod	Coll Co	maria a II	A Transata	- T - T	4
	9-1	, Chief, Med:			A. Hospita	The same of the sa	Point, Md
	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATE	ORY 23d.	LOCATION (City, to	own or county)	(State)
REMOVAL (Specify)	2/2/62	Arlington	Nation	ol A	Aexandri	a. Vira	inia
Burial  24 FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	Man Toll		REGISTRAR 25b. RE		744
M. F. SADOWSK			AVENUE	_		Thur S. The	
TITE TO SULL OWNER	T or DOMP'TO	OO EMPIERIM .	TO MET A 12	DATEFEE 2	'62   C	will a love	

in by the funeral The law requires that the death certificate be executed within 24 h or attending physician. Ite attending physician and completely the bas been signed by the attending physician action papers. The burial-transit permit. Then please remove carbon papers. death. Page may be ned by the hospital TO FUNERAL DIRECTOR. After this certifical director, page 3 should be detached for use as be filed with the State Dept. of Health prior to TO HOSPITE VR A15 (4) 15M 7/61



15	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND $0.0515$ CERTIFICATE OF DEATH	3
funera	1. PLACE OF DEATH  a. COUNTY  DARRYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admis a. STATE b. COUNTY  MARYLAND  MARYLAND  1. PLACE OF DEATH  a. STATE b. COUNTY	s on
1 24 h	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest rown)  Perry Point. Md.  c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest rown)  11Yrs,4 Months)  Baltimore	
letely fig.	d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address)  VA Hospital  John E Belvedere Ave.  3. NAME OF DECEASED  A. STREET ADDRESS  a. IS RESIDE ON A FA  YES NO  A DATE OF OF	RM?
and comp carbon pa	(Type or print)  John  Moore  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years   F UNDER 24 F least be chiday)  Months Days Hours Mi	
hysician a remove ca any event,	No. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Tool Maker  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State or foreign country)  12. CITIZEN OF WHAT COUNTROL TOOL Maker  Philadelphia, Pa.  U.S.A.	ITRY
e death ending p in please	John Moore  Carolina Erhardt  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17 INFORMANT  Address	
quires that the ysician. ysician, led by the atl to permit. The n, or removal	Yes, no, or unknown   (Ifyesgive were relates of service)   Unknown   VA Hospital Records - Perry Point, Md.	
M: The law re- or attending plants has been sign the burial-fransi burial, cremation	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest.	īra
PHYSICIAN. he hospital or nis certificate   for use as the h prior to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTO PERFORMED  Chr. Brain Syndrome Assoc. with CNS Syphilis (Meningo-encephalitic type) YES   20a. ACCIDENT WAS UNDER YING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	D?
by the first the	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State Bectory, afreet, office bldg., etc.)  While Not While of work at work at work	1,
TITE OR A may be SRAL DIRECT Page 3 should be with the State Dept.	21. I certify that (** (this hospital) attended the deceased from	OVE
death. Page (10 FUNERA director, page be filed with	NAME (Type) E.S. ELIS, M.D. Z.S. ELIS, M.D. VA Hospital, Perry Point, Maryland  23a. Burial, Cremation 23b. Date Thereof PEMOVAL (Specify) PURTAL  1-10-62 Palto. National Con. Paltisore 'arriland.	
VR A15 (4) 15M 7/61	24 FUNERAL DIRECTOR'S SIGNATURE  Wm.Cook Wish, Inc. 6000 Harford Rd. Palto 1/253. REGISTRAR 255. REGISTRAR'S SIGNATURE  DATE  ADDRESS  DATE  255. REGISTRAR 255. REGISTRAR 256. REGISTRAR'S SIGNATURE  DATE	



requires that the death certificate be executed within 24 hours after dea

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0.0517 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, It institution: Rasidence before admission a. COUNTY **b.** COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town, write RURAL and give nearest town! Perry Point Washington, D. C. 305 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OH A FARM? YES NO T 1151 New Jersey Ave., Veterans Administration Hospital 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH and comp carbon pa KATHER THE MITCHELL NICHOLSON January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) | Months Days Female WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Store Store Detective Washington, D. C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician. signed by the attending p .⊆ John Mitchell Marv Hardester 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas giva war or dates of sarvica) VA Records, VAH, Perry Point, Maryland 577-18-2051 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR PNEUMONIA. RIGHT LUNG 5-6 Days DUE TO Conditions, if any, which (b. ARTERIOSCLFROTIC HEART DISEASE Unk. gava rise to immadiate causa **DUE TO** (a), stating the underlying (c) ARTERIOSCLEROSIS, GENERALIZED, SEVERE Unk. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a 19. WAS AUTOPSY PERFORMED? YES Y NO 20a. ACC.DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of 'njury in Part I or Pert II of Itam IB.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work ражиновического по the date stated above. 228. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS, PHYSICIAN'S 22d. ADDRESS VAH, Perry Point, Md. Garey, [Ma AURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) :5 0 Arlington Arlington. Va. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AL DIRECTOR'S SIGMA VR A15 (4) JAN 2 5 '62 15M 7161 Havre de Grace. Md.

RYLAND STATE DEPARTMENT OF HEALTH

C 7, 3 ( ) :

00518 CERTIFICATE OF DEATH 1. PLACE OF DEATH e COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 write RURAL and give nearest town) Perry Point 45 Davs Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital 3. NAME OF DECEASED (Type or print) FRANK ROBERT PEARSON DEATH 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED 8. DATE OF BIRTH MALE WIDOWED I DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Printing Industry 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME JOHN PEARSON etta johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 1 17 INFORMANT requires that the (Yes, no, or unkown) | (If yes give war or dates of service) Yes 579-24-6840 Hospital Records, VAH, Perry Point, Maryland 18 CAUSE OF DEATH [Enter only one cause per line for (a,, (b), and (c) PART I, DEATH WAS CAUSED BY: Pulmonary edema and congestion, bilateral IMMEDIATE CAUSE (e) **DUE TO** Arteriosclerotic heart disease geve rise lo immadiale cause **DUE TO** (a), stating the underlying CERTIFICATION 20e ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED ! 20e PLACE OF INJURY (Home, farm, lectory, street, office bldg., etc.) While Not While et work at work 22 SIGNATURE PHYS. DIRECTOR M.D. HYSICIAN 22d. ADDRESS Minical Pathologist, VAH, Perry Point, Md. 23c NAME OF CEMETERY OR CREMATORY TEMOVAL (Specify Arlington National **ADDRESS** VR A15 (4)

de

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission District Of Columbia c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest fown) IS RESIDENCE ON A FARM? 912-12th Street. YES NO 1962 18 9. AGE (In years IF UNDER 1 YEAR ) IF UNDER 24 HRS. lest birthdayl 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? IISA Oxen Hill. Maryland Address

severe

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Adenocarcinoma prostate gland with metastasis to periaortic YES K

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Item 18.) lymph nodes

20f. (City or lown) (County)

22b. DATE

23d. LOCATION (City, town or county)

Arlington, Va.

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Grace, Md.

DATE JAN 2 5 162

ONSET AND DEATH

l hr.

unknown

(State)

ISM 7 61



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00519 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hyed, If institution, Residence before admission) a. COUNTY b. COUNTY 19 Cecil Maryland MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Perry Point Worton 6 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Route 1. YES NO X Veterans Administration Hospital Box 71 3. NAME OF 4. DATE Month Yea DECEASED OF WEBSTER IMN  ${ t PHTLLIPS}$ 26 (Type or print) January DEATH 6 19 and cor 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 6-18-03 WIDOWED [ DIVORCED Male Negro 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Virginia Farmer Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tom Phillips (deceased) Mariah Gain deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) Yes Hospital Records, VAH, Perry Point, Md. WW-II unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) 7-10 days PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (e) DUE TO Pyelonephritis, bilateral, acute 10-12 days gave rise to immediate cause obstruction **DUE TO** (a), slating the underlying Prostatic hypertrophy and urethral stricture PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO CRITIC 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While at work et work 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 1-26-62 M.D. 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) Asst. Clinical Pathologist, VAH, Perry Point, Md. ector, 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) MEMOVAL (Specify) National Cem. 뇸 Beverly New Jersey Burial 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7,61 Cathur & House



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MARYLAND STATE DEPARTMENT OF HEALTH

1.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 3200 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY Cecil Maryland MARYLAND T, 01 4 " b. CITY OR TOWN of outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 33-200 2 200. 2204 Perry Point Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 602 Woodsdale Road Weterans Administration Hospital NOv 3. NAME OF 4. DATE DECERSED OF DEATH January (Type or print) TONY (NMI RASZIMAS 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS last birthday) | Months | Days Male White WIDOWED [ DIVORCED [ May ? 10a USJAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE , County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Tailoring & Designing Tailor Lithuania USA please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 John Raszimas Eva Maslen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16 SOCIAL SECURITY NO. 1.17 INFORMANT Address (Yes, no, or unkown) | (Ifyas give war or detes of service) Yes Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Pulmonary embolus to right lung immediate MMEDIATE CAUSE (e) DUE TO Thrombosis of iliac veins geve rise to immediate cause DUE TO (a), stating the underlying Complicated by bronchopnermonia (recurrent) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11611 19. WAS AUTOPSY PERFORMED? & arteriosclerotic heart disease NO 20e. ACCIDENT WAS UNDERLYING [ ] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of niury in Pert | or Pert | of Pert | of Pert | of Pert | or Per OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stete) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) While Not While at work st work 22b, DATE 220 SIGNATURE ATTENDING STAFF 1-31-62 PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN S 22d. ADDRESS Asst. Clinical Pathologist, VAH, Perry Point, Md. 234. BURIAL CREMATION | 236. DATE THEREOF | 734. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (Stete) 各市 MOVAL (Specify) Baltimore National Baltimore. Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** VR A1S (43 Havre de Grace. Md. author & Kraus DATE

physician

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APVIAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AS MEDICAL EXAMINER'S **FOR STATE** CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institution; Ras dence before edmission) is ne. rector. P. rour files. a. COUNTY Gecil b. COUNTY Gecil. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Elkton 30 hours Early lle d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS a. IS RESIDENCE ON A FARM? be refamed to the State to Union Hospital YES NO 3. NAME OF Middle Last 4. DATE Month Yeer DECEASED OF (Type or print) DEATH CORK ANN EVEN DE LE 19 62 afler with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 2 wif age 5 may 1 and 2 wil 72 hours lest birthday) Months Hours WIDOWED [ DIVORCED **1**5 yrs. d be executed within 24 hours after pencil in Item 18. Give Pages 1, 2, at 10a. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR NOUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, aven if retired) mages within High Spicol U-S-Na PM3. 13. FATHER 14. MOTHER S MAIDEN NAME Irby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File event along with form Address Triv Reed. Earlville. Nd. 18. CAUSE OF DEATH [Enter on y one cause per I na for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, and IMMEDIATE CAUSE (a) Fractured polvis right leg arm and skull right side Office burial-t DUE TO Interhal injuries and abrasion left side odf face Conditions, if any, which [b] "pending" gave rise to immediate cause v 0 DUE TO (e), steting the underlying Examiner' 98 and head and confusions af klaft leg. cremations PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDIT ON GIVEN IN PART 1,03 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 Medical NO should 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. burial, Chief Stepped in from tof a care (Home, farm, to the Ch. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 2Di. [City or town] (County) (Stata) fectory, street, office bldg., etc.) et work et work  $Md_{-}$ forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion agent, death resulted tro Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forw. FUNERAL DI r its designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER EXAMINER'S 220. BUR.AL, CREMATION, 226 DATE Add Rising Sun or Md NAME OF CEMETERY OR CREMATORY (5|ata) 240 g FUMERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9,60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY **b. COUNTY** MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown) dav Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Inion ottingham 3. NAME OF DATE Year Middle Month DECEASED OF (Type or print) DEATH Jan 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) חיר יית נון Chemical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levi Hutchison Claricsa Dickerson 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) (If yes give were release (service) 18. CRUSE OF DEATH Enter only one cause ger line for (e), (b), and (c) Mrs. ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which geve rise to immediate cause **DUE TO** (e), steting the underlying cause fast. PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Day, Year (County) (Stella) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from .... 2n. 7 .... 196( , that (i) (we) last saw the deceased alive on..... ATTENDING 22e, SIGNATURE 22b. DATE DIRECTOR 22d. ADDRESS BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 uria emetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR AIS (4) 15M 7/61 BATE

RYLAND STATE DEPARTMENT OF HEALTH



**CERTIFICATE OF DEATH** Reg. Dist. No. 1152 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institut an Residence before admission) COUNTY o. STATE ryland **b.** COUNTY Cecil MARYLAND b CITY OR TOWN (If autside carporate lim ts, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) RUPAL and give nearest town) 9 Davs Rising Sun Rural d. NAME OF HOSPITAL (If not in hospital, give street uddress)
OR INSTITUTION
DEVINE Haven Nurseing Home d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT NAME OF DECEASED 4. DATE Manth Year George Rutter DEATH 19 (Type or print) Jan. 1962 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Manths White Male WIDOWED A DIVORCED [7] Oct.2,1879 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Freight Conductor Rail Road Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Caroline Rutter Kennedy IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NO Charles H. Green Rising Sun Md . Rural 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute coronary thrombosis IMMEDIATE CAUSE (a) 2 hours. **DUE TO** Canditions, if ony, which Arteriosclerotic cardiovascular diseasegave rise to immediate **DUE TO** cause (a), stating the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that I attended the deceased from Jan 11., 19.62, to Jan 19., 19.62 at I last saw the deceased ..., 12 62 ..., and that death accurred a720 60 60ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 233 E. Main Street PHYSICIAN'S Elkton, Maryland Ralph Andrews, Jr., M.D. NAME (Type) 220. BURIAT, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 1-22-1962 Port Deposit Md . Rural Hopewell Cemetery UNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **ADDRESS** Perryville .Md . DATE JAN 2 2 '62

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Cecil MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give necrest town) Perry Point 87 Davs Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Veteran Administration Hospital Charles Street 3. NAME OF DECEASED OF (Type or print) January 19 62 MARTE JO ANN A SEDLACK AGE (In years | IF UNDER 1 YEAR 6 COLOR OR RACE | 7, MARRIED NEVER MARRIED Y IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) Months Days 3-11-05 WIDOWED F DIVORCED [ Female White 10a. JSUAL OCCUPATION (Give kind of work 1 12 CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore on country) done during most of working life, even if retired) Registered Nurse Baltimore, Maryland U.S.A. attending pi Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie Stipsich (Deceased) Joseph L. Sedlack (Living) 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT [Yes, no, or unknwn] i (Hivesa vewerordelesofservice) 217-20-2196 VA Records, VAH, Perry Point, Maryland 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN TELECTASIS RIGHT LUNG AND PLEURAL EFFUSION ONSET AND DEATH PART . DEATH WAS CAUSED BY: 7-10 Davs IMMEDIATE CAUSE (e) **DUE TO** CARCINOMA OF RIGHT BREAST, WITH METASTASIS TO 25 Years gave rise to immediate cause LUNGS, RIBS, AND OTHER ORGANS DUE TO (e), stating the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO F 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Part II of Item 18.) (County) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED . 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. al work at work and that death occurred all 2.3.57 Mrom the causes and on the date stated above. 22b. DATE 22a SIGNATURE ATTENDING STAFF DIRECTOR PHYS. /62 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH, Perry Point, Maryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION 1 23c. NAME OF CEMETERY OR CREMATORY 0 5 8 REMOVAL (Specify) Buri al 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS " Ilm S. Trans

RYLAND STATE DEPARTMENT OF HEALTH

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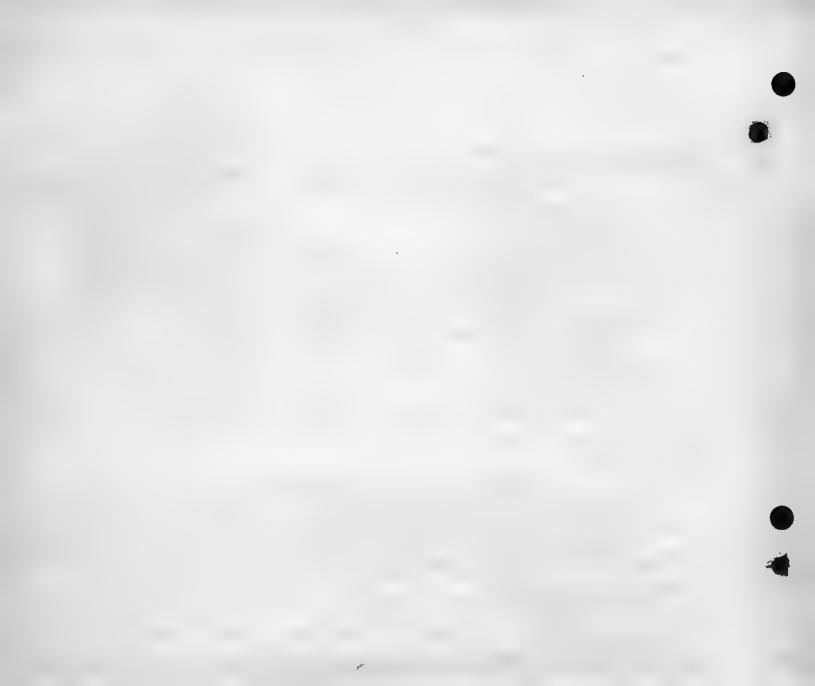
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

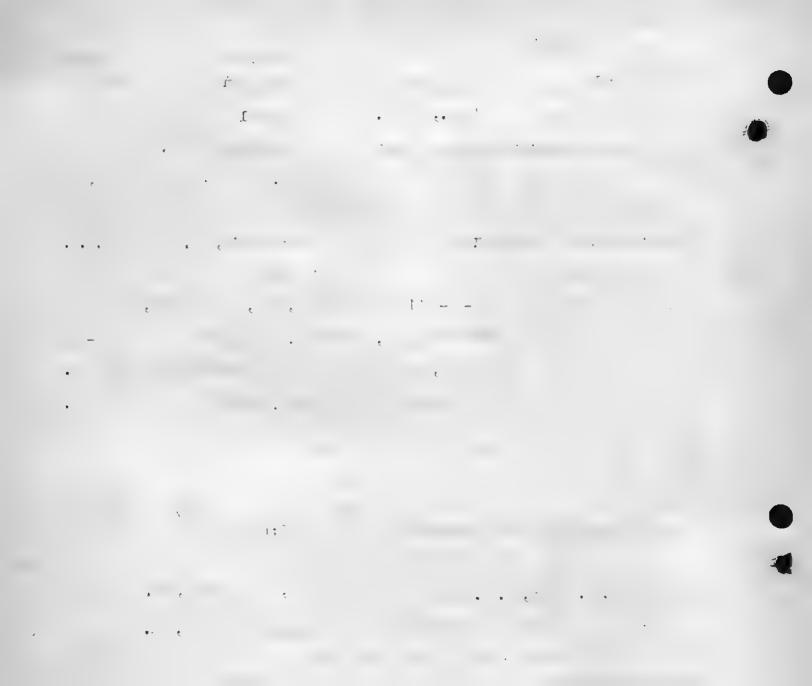


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 111521 CERTIFICATE OF DEATH 20527 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negres) town RURAL and give negrest lown) RURAL - RISING SUN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Year DEATH JANUARY (Type or print) 196% 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months DEC. 30, 18 DIVORCED [ WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? N. CAROLINA CARPENTER 13. FATHER'S NAME STEPHEN TAYLOR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MACCHINA IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🔽 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from ≲that I last saw the deceased 10 HM. from the causes and on the date stated above. alive on and that death occurred at\_ ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAPION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



1:3/	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, RALTIMORE 1, MADYLAND
4	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
	1. PLACE OF DEATH  1 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
5	e. COUNTY
eath	b. CITY OR TOWN lif outs de corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN lif outside corporate limits, write RURAL and give neerest town)
4	write RURAL end give neeresi town)
# 50	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  e. IS. RESIDENCE ON A FARM?
<u> </u>	Veterans Administration Hospital 332 Hastings Blvd.
	3. NAME OF First Middle Last 4 DATE Month Dey Year DECEASED OF
	(Type or print) PAUL (NMI) THOMPSON SR. DEATH January 20, 19 62
	lest birthday   Months   Dave   House   Min
	Male White WIDOWED X DIVORCED 3/21/93 68 yrs.  106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
D	done during most of working life, even if retired
	Retired Postal Clerk US POSTAL SERVICE Philadelphia, Pa. U.S.A.
	Samuel Thompson Annie Hartman
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Yes, no, or unkown] (Hyesg vewerordatesofservice)
	Yes WII 205-28-8671 VA Records, VAH, Perry Point, Maryalnd
	18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), and (c), ]  PART I, DEATH WAS CAUSED BY:  ONSET AND DEATH
	IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, BILATERAL, UNRESOLVED 8 - 10 days
	DUE TO
	Conditions, if any, which carried to immediate cause (b) CARCINOMA, BRONCHOGENIC, RIGHT LOWER BRONCHUS WITH Unk.
	(a), stelling the underlying DUETO METASTASIS TO HILOR NODES
-	cause last (c) ARTERIOSCLEROSIS, GENERALIZED, SEVERE Unk.
人	PERFORMED?
	YES XX NO L  ZOB. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, [Enter neture of injury in Pert I or Pert I or I tem 18.)
	ZOS. ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pent I of Pent I of Item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH
	Hour e.m. While Not While Sectory, street, office bldg., etc.)
	p.m. 19 at work 11 at work 12 at work 12 at work 12 at work 12 certify that XX (this hospital) attended the deceased from 6/24/
	32.1 Certify that My (this hospital) attended the deceased from
	22a SIGNATURE ( 22b. DATE
	ATTENDING MED, STAFF SIGNED  ATTENDING PHYS. TO DIRECTOR PHYS. TO 1/20/6
,	22'd PHYSICIAN'S
	NAME (Type)  J. L. Garey, M. D
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town or county] (Stote)
	Burial 1-23-1962 Glenwood Memorial Gardens Broomall, Pa.
	24 DUNERAL DIRECTOR'S SIGNATURE APPRESS 17 1258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Her 4. Patterson + Son Perryville Mobate JAN 22'62 author & thous



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 011526

1. PLACE OF DEAT	H		2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)				
Cecil		MARYLAND	Maryland Cecil				
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16		outside corporate limits, write l			
	d give nearest town)	-	21 7771-4				
Elktor		Tyrs.	Elkton d. STREET ADDRESS		e. IS RESIDENCE		
d. NAME OF HOSE	ITAL OR INSTITUTION (if not in	nospital, give smeet ecoress;			ON A FARM?		
401	. Maryland Av	re.	401 Mai	ryland Ave.	YES NO Y		
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Month	Dey Year		
(Type or print)	Caroline	Morgan Tre	theway	DEATH Januar	y 14. 1962		
5. SEX	14 40101		DATE OF BIRTH	9. AGE (In years   I	FUNDER I YEAR OF UNDER 24 HRS.		
Female	num d t		lah 0 100°		Months Days Hours Min.		
	1	b. KIND OF BUSINESS OR INDUSTR	eb. 8, 189	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
done during most of we	orking life, even if retired)	E. RIND OF DOSINESS OR RIDOSTR					
Housewit	re l		Cardiff,	Wales	U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME			
Edwa	ard Morgan		Sarah Had	ldock			
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address			
NO No unkown)	If yes give war or dates of service)	Mne	Flman Fra	Tw El	kton Md.		
	DEATH Enter only one cause	per line for (a), (b), and (c)	. Elmer Fre	she and a my	Kton, Md.		
	1		. 1		ONSET AND DEATH		
11-	IMMEDIATE CAUSE (a)_/7	cute pulmo	nery eden	10	lar		
1 -1-7	DUE TO .		,				
Conditions, if en	y, which ) (b) Ar	terioscleratio	heart disc	ace decimpo	Rusated 3mo.		
gave rise to immed	liefe cause			,			
(e), stating the u	underlying						
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY		
2	1	, ,		to block of Committee of the	PERFORMED?		
3 0	ercinoma, br	cast, with me	testases		YES NO X		
ZOO, ACCIDENT WORK CONTRIBUTING	AS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pe	rt I or Pert II of item 18.)			
UF EITHER, NOTIFY	MEDICAL EXAMINER						
3 20c. TIME OF INJU	URY Month, Day, Year   2		CE OF INJURY (Home, farm,	20f. (City or town)	(County) (Stele)		
20c. TIME OF INJU		A title Lant AA title	ory, street, office bldg., etc.)				
The parties	12		7	10 11/	-/3		
21. I certify	that (I) ( <del>this hospital</del> ) at	tended the deceased from		7.40 to	, 19 (2 that (1) (we) last		
saw the decea	sed alive on	4, and that	death occured at 124	M, from the causes a	and on the date stated above		
229 SCHATURE	11	1//	ATTENDING MI	ED. STAFF	22b. DATE SIGNED		
1/1/1/1/	1	felicen M		RECTOR PHYS.	1-14-62		
22c. PHYSICIAN'S		1,	22d. ADDRESS	. 1			
NAME (Type	1/m210 12	Johnson M.	D 123 Sin	SEHL HU	ElAton, Md.		
238 BURIAL, CREMAT	HON, 1236, DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City, low)	n or county) (State)		
BEHOVAL IS	and them; arms arms						
Burlal	1/17/62	Memorial Sh	rine Cemete				
24 FUNDRAL DIRECTO	R'S SIGNATURE -	ADDRESS	25a. REC'I	D BY REGISTRAR 256, REGI			
Aacke	6, HUCKE	Elkton, Md.	DATE JAI	N 3 1 '62 On	thur S. France		

led in by The law requires that the death certificate be executed within 24 June Franciscus.

Set by the hospital or attending physician. After this certificate has been signed by the attending physician and completely After this certificate has been signed by the please remove carbon papers. director, page 3 should be detached for use as the burial-transit permit. Then please remove can be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, PHYSICIAN: ned by NDING TO HOSPITAL death, Pa VR A15 (4) 15M 7/61

bps[vent] 11500 21007 .ova Snalvyelt for EGT HERVIEW YAR 20 AT Thomas Trethesay the allowed and form Vousle White vo .A.S.U malem .Tilbent Leva colle Maynb Hoffool Howard Morren by norsify, it, girer Frey, ir, Elkson, Wd. Burist 0/27/62 Newcylel Sering Cometers, Wiles, Fr. . Bl. models "Line Aux 15 - 15 8

PRESTON STREET, BALTIMORE 1, MARYLAND 1/15/62 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ECIL MARYLAND b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 ca CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) CHESAPEAGE CITY

d. NAME OF HOSPITAL OR INSTITUTIONALL not in hospital, give street eddress) STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Lincoln paper in 72 NAME OF 4. DATE Middle Month Year DECEASED OF (Type or print) DEATH and cor carbon nt, withir 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 0 16. SOCIAL SECURITY NO. 1 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: WOWEEKES MYOCARDIAL IMMEDIATE CAUSE (e) DISEAST LARAP. PREDMONIA gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO M prior 200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour am at work | at work D.m 21. I certify that (1) (this hospital) attended the deceased from alt. and that death occured at from the causes and on the date stated above saw the deceased olive on. 22b. DATE 22e. SIGNATURE SYGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City. (State) 23a. BURIAL, CREMATION, 1 23b. REMOVAL (Specify) EMETERY 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Orthur S. Kraus

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